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ABSTRACT

The Special Child Welfare Advisory Panel of the Annie E. Casey Foundation studied front line practice and supervisory practice in the child welfare system of New York City's Administration for Children's Services (ACS). Data came from a number of sources, including field visits to program sites, visits to 15 contract agencies and 10 ACS sites. Focus groups were conducted with adolescents in foster care, parents, and foster parents. Child welfare proceedings were observed in Family Court, and service provider training was observed. A survey of child welfare providers was completed by the city's child welfare services staff and 61 contract agencies. The first section of the report introduces the city's child welfare services. Part 2 summarizes the study findings and puts them in the larger context of welfare service reform. Part 3 describes study findings in detail, and part 4 contains three improvement goals, with associated recommendations: (1) The ACS should strengthen the management of front-line practice; (2) The ACS should strengthen the skills of front-line employees and managers; and (3) The ACS should eliminate or alleviate policy, procedure, and resource barriers that impede good practice. Following part 4, a special report on the Family Court is presented, with a fourth recommendation: The ACS should improve its adherence to standards of professional practice in Family Court. An appendix contains the study survey results and a copy of the survey. A table summarizes the improvement goals and recommendations. (SLD)

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ED 439 189

ADVISORY REPORT ON FRONT LINE AND SUPERVISORY PRACTICE

March 9, 2000

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I. Introduction and Outline

This report presents the Panel's findings and recommendations with regard to two of the five topics identified in the Marisol settlement, front line practice and supervisory practice. Following the settlement's mandate, we have focused our work on three broad areas of practice, each of which was the topic of one of our earlier reports. These are: promoting permanency for children and families (report issued February 11, 1999); the placement of children in foster care (May 21, 1999); and monitoring and improving the performance of contract agencies (October 14, 1999). We encourage the reader to place the findings, analysis, and recommendations contained in this report in the context provided by those documents.

We have framed our inquiry into these topics broadly. The first three reports dealt largely with issues of policy, organization, and infrastructure. Our recommendations addressed such items as statements of principles, organizational design, procedures, and systems of monitoring and evaluation. Here, by contrast, our fundamental questions have been about what is actually happening in the interaction between child welfare worker and child, birth parent, or foster parent, and between worker and supervisor. To address these questions, we needed to learn about the preparation, skills, and values of the people doing this work every day in New York City's large and complex child welfare system.

We did so through an extensive data-gathering effort conducted personally by Panel members, joined by a number of expert consultants. It included the following components.

- We conducted field visits to program sites, generally lasting two full days, by either one or two Panel members and/or consultants. During these field visits, we interviewed line workers and supervisors about their jobs, both individually and in groups, and we attended service plan reviews and treatment team meetings in order to witness practice directly. Some of our discussions focused on individual cases, and in many of these instances we also reviewed service plans or entire case records. We observed a wide variety of activities, including parent-child visiting, foster parent training, and independent living groups. We also spoke with the individuals most knowledgeable about training and about quality improvement efforts. When the visits were to congregate care programs, we included meetings with youngsters in care and a review of the site. With the consent of each of the agencies visited, we invited an ACS representative to join us on these visits.
  - We visited fifteen contract agencies. With the exception of one small agency, at which we examined two programs, we focused on a single service (foster care, congregate care, or preventive services) at each agency. We reviewed a total of six foster boarding home programs, four congregate care programs, and six preventive services programs.
  - We visited ten ACS sites – three child protective services borough field offices; two Division of Foster Care Services borough field offices; three congregate care facilities; the Office of Contract Agency Case Management; and the Placement unit.

- We conducted focus groups with two groups of teenagers currently in foster care, two groups of birth parents, and three groups of foster parents.
- We spent five days observing child welfare proceedings in Family Court, in Queens, the Bronx, and Manhattan. To further inform this work, we met with sitting judges, judges who have left the Family Court, referees, Legal Aid attorneys, and Legal Services attorneys.
- We spent four days observing training at the Satterwhite Academy and at Hunter College, reviewed the Academy's curriculum, and interviewed both key staff at Satterwhite and the director of COFCCA's training program for contract agency staff. We also sat in on training sessions during several of our field visits to contract agencies.
- We conducted a survey of child welfare providers to gather information about topics such as staff qualifications, salaries, turnover and vacancy rates, and caseload sizes. We have received responses from ACS and from 61 contract agencies. The contract agencies that responded to the survey are responsible for 82% of the children currently in care with contract providers and 66% of the families receiving purchased preventive services.

As has been the case with all of our past reports, ACS also provided us with background information and with informative briefings, covering such topics as personnel policies, training, and quality improvement efforts.

All of this work does not amount to, nor was it intended to be, a statistically valid review of New York City's child welfare system. Rather, we sought to get enough exposure to a range of practice in different settings to allow us to make informed qualitative observations. The balance of this report is arranged as follows.

- Part II is a brief summary that presents key findings and puts them in the larger context of ACS's efforts at reform.
- Part III describes the findings in detail.
- Part IV contains three Improvement Goals, each with several associated Recommendations. For each recommendation, we propose a date by which ACS should have taken key steps.
- Following Part IV, we include a Special Report on the Family Court. At the end of the Special Report we propose a fourth Improvement Goal, along with associated recommendations and timeframes. We also make some recommendations addressed to the Court itself.
- We then include an Appendix with the findings from our survey and a copy of the survey instrument.
- Finally, for ease of reference we conclude the report with a table showing all of the Improvement Goals and Recommendations.

The visits, interviews, and data collection described above were conducted from October 1999 through January 2000. During this period we continued to have the cooperation of ACS, and the assistance of contract agency leaders and advocates. We wish to thank the following individuals and groups for their contributions:

- the youngsters, birth parents, and foster parents who met with the Panel, and the Legal Aid Society, Child Welfare Organizing Project, Coalition for Asian American Children & Families, and Lawyers for Children for assisting in organizing these meetings;
- the managers and staff of the ACS offices listed above;
- the directors and staff of the contract agencies (Brooklyn Bureau of Community Service, Cardinal McCloskey Services, Catholic Guardian Society, Center for Children and Families, Children's Village, Concord Family Services, Graham-Windham Services for Children & Families, Jewish Child Care Association, Lower East Side Family Union, New York Foundling Hospital, Ohel Children's Home and Family Services, Protestant Board of Guardians, St. Christopher's, Inc., Seamen's Society for Children and Families, and Talbot Perkins Children's Services) who made themselves available for our site visits;
- Patricia Rideout, the consultant who conducted most of our field work in Family Court and drafted the Special Report on the court; and
- Paul DeMuro, Randy Jenkins, Maria Rodriguez-Immerman, and Marsha Rose Wickliffe, the consultants who conducted some of the site visits to ACS and to contract agencies, and informed the Panel with their conclusions and recommendations.

II. Context and Key Conclusions

Over the past four years, ACS has had a series of remarkable achievements that affect the basic structure of New York's child welfare system. While we have mentioned many of these changes in our prior reports, they bear elaboration here, because many of them create a positive foundation for lasting improvements in front line child welfare practice.

- ACS has significantly expanded and improved the training of its staff. New caseworkers receive far more training than ever before, and they are required for the first time to pass a test at the conclusion of training in order to begin their assignments. In an effort to further improve the skills of its workforce, ACS has put several hundred workers through MSW training programs. The agency has, for the first time, conducted management training for approximately 1900 supervisors and managers, and it has expanded its training efforts to include units (for example, the Office of Contract Agency Case Management) that had never before had formal training programs. ACS is also close to completion of a new, significantly improved and expanded training facility in Manhattan, symbolizing a long-term commitment to addressing the need for more extensive training.
- ACS has instituted a new civil service title series for its caseworkers and supervisors. It now pays these workers substantially more, and is able for the first time to consider merit as one of the components in determining salary increases. In addition to enhancing the agency's long term ability to hire a strong workforce and reward good performance, this change had the immediate benefit that roughly 400 of the lowest performing workers did not qualify for the new titles and were moved to other positions outside of child welfare.

- ACS has put in place greatly improved management controls over protective services investigations. Managers and supervisors now have regular, reliable information letting them know whether critical activities are taking place on time, and they are held accountable for following up on this data. Similar controls inform managers in other critical ACS units.
- As a result of these efforts, ACS has achieved meaningful improvements in conformance to basic statutory and regulatory requirements (e.g. for the timely initiation of abuse and neglect investigations, the completion and review of service plans, and the re-certification of foster parents).
- ACS has addressed the problem of overwhelming caseload sizes that was one of the major obstacles in this system just a few years ago. It has substantially reduced the caseloads of its protective workers, and has also made possible reductions in the caseloads of workers in contract agency foster care programs. These achievements remove what in some other child welfare systems is an insurmountable obstacle to improved practice and supervision.
- ACS has developed a new and far more sophisticated system to evaluate the performance of contract agencies. It includes components designed to measure and reward critical outcomes, especially the timely achievement of permanency.
- ACS has done a massive amount of work needed to begin the shift to neighborhood-based services throughout the child welfare system. It has re-contracted with private providers for many hundreds of millions of dollars worth of foster care and preventive services, requiring in the process that organizations establish a physical presence and begin to develop networks of service in the communities they serve. ACS has also re-assigned its own child protective services staff along neighborhood lines.
- ACS has developed and is now implementing important changes in the way it reimburses foster care providers. The new model ("STAR") will do a great deal to eliminate incentives against timely reunification and adoption, and will permit the re-investment of savings brought about by gains in performance in order to further improve services.
- ACS and contract agencies have very substantially increased the number of children adopted, to more than 3,500 in each of the past five years. In order to bring about this impressive result, ACS has ensured sustained management attention to adoption finalization, and has fostered recruitment through a high-visibility media campaign.
- ACS has enunciated thoughtful Permanency and Placement Principles to guide practice, and it has done significant work with many units throughout the agency to help them understand the relevance of these principles to their day-to-day jobs.

Many of these achievements are impressive ones; some, such as the civil service reforms, go beyond what we have seen leaders able to accomplish in virtually any other child welfare system. We recite them because of our strong conviction that New York's system is at a critical moment in its history. If ACS meets the challenge of improving front line practice with the same commitment and skill it has devoted to changing management and infrastructure, children and families will have better experiences and better outcomes. If it does not, the good work done to date will have too little lasting benefit.

It is because of the pivotal significance of this work that we have chosen to present the state of front line practice today, as we have come to understand it, as candidly and directly as we are able. While we saw fine programs, fine workers, and fine supervisors in some of our program visits, we concluded, in concurrence with ACS's own self-assessment, that front line and supervisory practice in New York City are in need of substantial improvement. Many of the issues we raise are known to ACS, to its contract agency partners, and to judges, lawyers, and advocates throughout the system. The most important among our findings are the following.

- Too many front line workers are insufficiently skilled at assessing family and child needs and in engaging clients to seek and accept help, with insufficient follow-up..
- Service planning is too rarely tailored to individual needs, and the implementation of service plans is too often limited to making referrals.
- Insufficient priority is given to permanency throughout the system, with too little urgency about the timeliness with which services are put in place, court hearings occur, and key case decisions are made.
- Many workers lack the necessary knowledge about such key issues as domestic violence, how to work with relatives of children in care, the special needs of adolescents and their families, and how to access other systems to get help for families and children.
- There is, throughout the system, an emphasis on task, process, and compliance, with both effectiveness of services and outcomes receiving too little attention.
- Supervision is too often focused on task management and ensuring compliance with regulatory or contractual mandates, to the exclusion of coaching, developing, and supporting a largely young and inexperienced workforce.
- Training is insufficient to meet the needs of many foster care and preventive services workers, and it varies enormously in both extent and quality among the agencies with which ACS contracts for services.
- There is, far too frequently, substantial loss of information when cases are transferred between workers.
- Current practices regarding visiting between parents and children too often impede, rather than further, permanency.
- The system places adolescents in care too easily, assumes too quickly that those in care must be in congregate settings, and pays too little attention to the needs of adolescents for permanency.
- Unacceptable lapses in professionalism are evident in the failure to appear, late appearance, lack of preparation, and lack of compliance with court orders that too frequently characterize the child welfare system's performance in Family Court.
- The court system itself is, through overcrowded dockets, pervasive delays, insufficient representation of parents, and insufficient attention to permanency, itself more likely to be an impediment than an impetus to good practice.

These are very, very difficult problems to solve, as is true in child welfare systems throughout the country as well as in New York City. We present them in order to outline an agenda of what must be addressed; to communicate to the public how difficult this

task will be; and to make clear our conviction about the urgency with which it must be pursued. Because of ACS's accomplishments to date, we are confident that this administration has the capacity to tackle these problems. It must do so. If the changes achieved to date represent the first phase of ACS's reform efforts, it is now time for a phase II committed to carrying reform into front line practice and supervision in every part of this system.

The recommendations described in part IV of this report represent the Panel's effort to provide a blueprint for such a second phase of reform. We believe that a public commitment on the part of ACS to take up these issues, followed by steady progress in doing so, is essential to making the reforms already implemented have any significant and lasting value.

III. Findings

In this section, we describe what we believe to be the most important findings from the large body of fieldwork described in the Introduction. In some instances we will attempt to draw distinctions between practice as we observed it in ACS as opposed to what we saw in contract agencies, and in others we will indicate that we saw substantial differences among the organizations we visited. Nevertheless, our effort to generalize across the work of dozens of organizations and thousands of individual workers and supervisors inevitably comes at the expense of nuance and detail. Our purpose here is to offer those broad findings we think most important in informing our recommendations about how frontline and supervisory practice can be strengthened in this system, not to assert any universally valid view of how things work now.

Throughout our fieldwork, we were impressed by the commitment and energy of many of the caseworkers and supervisors we interviewed and observed. They have much to say about their work and what it would take to make that work successful more often. Far from being burned out, these workers represent a significant potential resource for New York City's child welfare system. We encourage leaders of ACS and private agencies to spend more time engaging them directly and listening to what they have to say.

We also saw examples of excellent practice. We observed in several of the agencies we visited skilled caseworkers backed by strong supervisors; one program struck us as a model of good child welfare practice. A significant number of the purchased preventive services programs demonstrated family-centered, strengths-based approaches that could be used as models for other elements of the system in New York City. Two foster boarding home programs have innovated with the use of parent advocates – individuals who formerly had their own children in foster care, and who have now been hired to support birth families, better connect them to the agency, and identify changes in agency practice that would make it easier for parents to get the help they need. These and other examples point the way towards the quality of front line practice that is possible in the City's child welfare system.

This section of the report is organized as follows. First, we present the key observations from our fieldwork, under four headings:

(1) Skills, Values, and Basic Practice Issues
(2) Understanding of Role and Mission
(3) Systemic Constraints
(4) Special Issues Affecting Teens and Congregate Care

We then identify a set of factors that we think are of particular importance in helping to understand the practice that we observed, again under four headings:

(1) Staff Qualifications, Salary, and Turnover
(2) Caseloads and Span of Control
(3) Training
(4) Reimbursement of Contract Providers

A. Observations

1. Skills, Values, and Basic Practice Issues

Assessment Skills. With the exception of a few programs (some of which have MSW-level caseworkers, a rarity in this system), we found the assessment skills of most of the front line staff we observed to be weak. In many instances caseworkers are capable of gathering facts about families and children, but they show limited sophistication in putting those facts together to form an adequate picture of strengths and needs. Most important, they often need a good deal of guidance in understanding why people behave as they do, as well as in developing an awareness of how a particular family's culture affects its actions and beliefs. These insights are critical if workers are to be successful in identifying points of leverage that might help their clients change. The strongest supervisors in the system are able to provide this help, but we are concerned that in many instances case plans are based on an incomplete or unsophisticated assessment. Given the difficult, complex problems faced by so many of the families and children in this system, we believe that substantial improvement in caseworkers' assessment skills is essential to good risk evaluation, effective service planning, and timely achievement of permanency.

Engagement skills. We found great variation in the extent to which workers succeed in engaging their clients, both within and across programs. We encountered parents, children, and foster parents who told us about workers who would "go the extra mile" for them, and met workers who could provide clear and convincing descriptions of their efforts to communicate effectively with families even under very difficult circumstances. In the programs that are strongest in this area, we saw evidence that a client's failure to use services or follow through on a referral typically leads to discussions between the worker and the supervisor about why the problem has occurred and what new strategies they might employ to deal with it. On the other hand, we met too many parents, children, and foster families who described minimal efforts by workers, and who regularly resorted

to other resources (for example, a child's law guardian) to try to get help or information that should have been forthcoming from their caseworker. We also attended service plan reviews at which clients' failure to follow through on referrals was, without adequate reflection, labeled as evidence of "resistance" or failure to "comply with services," and where follow up actions by the worker were modest at best.

Service Planning. We observed service planning that was too often insufficiently individualized. Frequently, services appeared to be chosen from a limited menu of formal programs. In foster care (as opposed to preventive services) programs, service plans disproportionately emphasized expectations of the parent, to the near exclusion of describing those activities the agency or worker would undertake to assist the family. The family's ethnic, cultural, and racial background was rarely addressed in the crafting of an individualized plan that could lead to safe reunification.

Mechanical referrals to substance abuse treatment and parent training classes were at the heart of far too many plans. We observed cases in which these services were offered (sometimes because they had been ordered by a Family Court judge) despite the fact that the worker (or even the judge) had serious doubts about whether they would help to solve the problems that brought children into foster care.

By contrast, other critical services seem to be provided far less often than would be desirable. In some instances workers perceive important services as unavailable (e.g. assistance in locating housing), or as impossible to access without a long wait (e.g. mental health services). In others (e.g. early intervention services for young children with special needs), workers may not know that the services exist or how to arrange them. Moreover, in many cases they have relatively little understanding of the use of informal, community-based supports to help ensure children's safety and to assist parents.

Perhaps even more important, though, workers sometimes seemed honestly puzzled when asked to describe what it would really take to re-unite a family or to best meet the needs of a child in care. In most instances they are not accustomed to thinking so broadly, and they do not believe that they have it in their power to put together flexible service packages that would make a significant difference for their clients.

Finally, we observed little meaningful participation of parents and older children in the development of service plans. ACS has a significant effort underway to increase the proportion of parents who actually attend service plan reviews, and many contract agencies are now working to achieve this result. Nevertheless, it was rare in the reviews we observed for parents to be more than relatively passive observers. We were told in several instances that plans were developed by staff ahead of time, and simply reviewed with the parent at the conference. This perfunctory approach may be especially likely when there are language barriers making it difficult for clients to participate fully.

All of these factors combine to make too many service plans in New York's child welfare system look nearly identical to one another. In a city with a remarkably rich array of

funded social services programs, community organizations, and neighborhood supports compared to many other places in the United States, front line practice in the child welfare system continues to rely on a very limited array of services to address complex and difficult problems. Unless this weakness is addressed head-on, it is unlikely that New York can achieve the outcomes it desires for children and families.

Attention to Permanency. On the whole, the case activities we witnessed lacked both a sense of urgency and a clear focus on permanency. In some instances temporary stability seemed to be valued at least as much as movement towards a permanent home for the child; if a case was not in crisis, the most likely plan seemed to be simply to continue the existing services. Lengths of stay were frequently long for both foster care and preventive service cases, but the passage of time did not appear routinely to prompt a sense that the case ought to be re-examined.

We saw limited use of case conferences as critical tools for planning, engagement, and movement towards permanency. ACS has made an impressive commitment to implement family case conferences, beginning with the expectation that a conference will be held within 72 hours after children are placed in care. These conferences, however, do not yet appear to be used to their potential. Those contract agency staff we encountered who had attended them were pleased to have had a chance to meet all the key people involved in the case, but they were often uncertain about what the conferences were expected to accomplish. Similarly, we sat in on a number of the service plan reviews that are required every six months. ACS representatives (from the Office of Contract Agency Case Management) were frequently present, and the participants agreed that this was a positive step. In most instances, however, neither the contract agency worker or supervisor who ran the conference nor the OCACM participant ensured that the conference addressed such basic questions as whether the existing permanency plan is a realistic one and what it will take to achieve that plan. In some cases the strongest emphasis was on ensuring that the necessary forms were completed and signed by all the parties.

As discussed further in the section below on issues related to teenagers, these problems relating to permanency were particularly acute in the congregate care settings we visited.

Accountability. A strong emphasis on compliance with regulations and procedures informs casework practice in New York. Workers are generally held accountable for certain case activities (especially making the required number of visits to clients) and for completing paperwork (Uniform Case Records and, in the case of protective workers, computerized case recording templates) by certain dates. Within ACS, managers have paid a great deal of attention to these issues, with impressive results. Managers in protective services units know the status of their cases and have reasonable confidence that key investigative steps are being carried out. In ACS's directly operated foster care program, supervisors receive data showing the performance of each individual worker, and there is a sense of competition among offices for the highest overall rate of compliance. Some contract agencies have similar systems, and the large majority show concern at all levels about being in compliance.

This is an achievement that should not be under-valued. Soon after ACS was created, it conducted an internal audit showing that it was at risk for sanctions of as much as $323 million because of failure to complete steps required by regulations and file required paperwork on time. Getting control over this problem was an essential part of creating an infrastructure for reform; no child welfare system can perform well unless staff are carrying out basic case activities and supervisors and managers know that they are doing so.

Nevertheless, two important cautions are in order. First, those activities that are not subjected to this form of statistical monitoring and compliance review often receive far less attention. A prime example is the implementation of court orders; judges and attorneys report that delays in carrying out these orders (for example, to have a child receive a psychological evaluation) are commonplace. Even more important, procedural compliance can overshadow substantive practice issues. In a number of the preventive services programs we visited, for example, it was a critical concern of supervisors that cases where families had not shown up for visits be closed, because as long as they were open the program's statistics on casework contacts would be adversely affected.

Knowledge of Key Child Welfare Issues. In many of the programs we visited, front line workers appeared to lack knowledge and practice experience with regard to issues that are critical to the clients they serve. We note in particular three of these issues.

First, understanding of domestic violence and of how to work with its victims is quite limited. We observed numerous situations in which case information strongly hinted at the existence of domestic violence, yet it was not discussed. We saw other instances in which domestic violence was an acknowledged problem, but staff had little sense of how to address it other than trying to find a program to which they could make a referral. Many agencies have provided at least some training on this issue, and ACS plans to do system-wide work on it, but adequate knowledge of domestic violence does not yet inform most of the practice we observed.

Second, we were struck by the need for a better understanding of how to work with families involved in kinship placements, and for the development of skills (for example, family conflict resolution) that are especially likely to be needed in these cases. Together with the continued ambivalence of some staff and programs about the value of kin as placement resources, we think that this weakness has a significant impact on both the use of kin and the kinds of services relatives receive.

Finally, in ACS's field offices, the placement unit, and among many contract agency staff, we saw insufficient understanding of the special and difficult issues related to adolescence. As we will discuss further below, this system far too often acts as though family conflicts involving teens must be resolved by placement, and that such placements must be in congregate settings. The range of interventions that might prevent placement is rarely seriously evaluated. When placement must occur, it is equally rare for workers

and supervisors to try to identify the kinds of supports needed to allow it to be in family settings.

Visiting. The practice of family-child visiting in this system is far too frequently as follows. When a child enters care, and for a significant period thereafter, all visits between the parent(s) and child are held at the foster care agency office. Most agencies schedule visits once every two weeks, though a few do so weekly. Visits are closely supervised, with a worker physically present in the same room as the family. Space is limited, and families usually meet either in cubicles in a large room or in very small individual rooms. The movement from this very restrictive pattern to unsupervised visits (typically at a park or fast-food restaurant near the agency), then to home visits, then to overnights, and finally to weekend visits is a slow one, with the last few steps reached only when the child is nearing discharge.

Many individuals are convinced that this pattern of practice is required by some set of laws, regulations, or judicial actions. As best we can tell, in most instances this is a misperception. State regulations are in fact designed to promote and facilitate visiting; they call for visiting to be "*at least* biweekly" [emphasis added] for children with a goal of return to parent or relative, require financial or transportation assistance if this is necessary to make visits possible, and expect visits to occur "in a location that assures the privacy, safety, and comfort of the family members." (NYCRR Title 18, section 430.12(d)) Termination or limitation of visits generally requires a court order (431.14). Unless a judge has specifically ordered that visiting be supervised or held in a particular location, the foster care agency is free to determine the most appropriate arrangements.

In practice, however, it is very common for workers to decide that unsupervised visiting would be safe and beneficial, but to wait (sometimes for several months) until the next scheduled court date so a judge can approve a change in the visiting plan. Some even interpret judicial orders for "biweekly visiting" (i.e. at least biweekly visiting) to mean "at most biweekly visiting," and wait for court approval to begin more frequent contact.

In addition to these system-wide problems, we heard examples of particularly troublesome practices. We were told of programs in which children are routinely subjected to a physical examination before and after going on home visits. (The purpose, apparently, is to clarify who is responsible if the child is physically abused.) We heard of situations in which visiting was curtailed for reasons unrelated to the children's safety (for example, because a mother had not brought a birth certificate to the agency). Finally, some foster parents spoke of being discouraged from allowing birth parents to visit in their homes, even when relationships are strong.

This pattern of practice exacts, in our view, a great price in lost opportunity to promote permanency as well as in the simple human dignity of the participants. The children in foster care and birth parents with whom we spoke resent it bitterly; as one young man put it, his experience of visiting was "people... all up in our face, telling us what to say to our sisters and to our families." Others wondered, as we do, how anyone could expect to build or sustain bonds with family members under such unnatural circumstances.

The role of fathers and of relatives. We saw in practice a very strong tendency to concentrate on the mother as the parent responsible for the child, even when the father was present and involved in his children's lives. When the father was a respondent (i.e. accused of abusing or neglecting the child), the focus was frequently on getting him out of the picture (especially in domestic violence cases). When he was not a respondent, we rarely heard any consideration of the possibility that he could take over custodial responsibility, or even provide financial support. As one judge put it, the father could be sitting in the room and everyone would still be talking about whether there were any relatives who might be willing to take care of the child.

At the policy level, New York's laws and regulations governing child welfare, reinforced by ACS policy guidelines, require that children be placed with relatives capable of caring for them safely, whenever this is feasible. At the practice level, however, we once again note that the beliefs and assumptions of individual workers and supervisors lead to a wide variation in results. Some ACS protective workers are committed to learning about and seeking out kin, while others acknowledge minimal efforts in this regard. Some contract agencies diligently pursue relatives even after a child has been placed in care, while others do not. In our report on Placement (May 21, 1999, pp. 8-11) the Panel called for a concerted effort by ACS to identify and address barriers to appropriate use of kin. We continue to believe that action and progress in this area is essential.

Cultural Competence. We saw evidence of a system struggling to deal with issues of racial, ethnic, language, and class differences. The kinds of gains it has made, and the considerable distance still to go, are reflected in a set of issues related to assessment, engagement, case planning, and placement.

Some of the ACS field office managers and staff we interviewed were well attuned to the complexity of working with families from different backgrounds. They convincingly described their efforts to involve neighborhood agencies, churches, and mosques in order to help their clients. While there are still questions about services to non-English speaking clients, it is important to recognize ACS's achievement in contracting with a service that makes translators available to accompany its workers on field visits when necessary. This is an important improvement over past practices in which workers would have to find a colleague, or even rely on a neighbor, every time they wanted to speak with the family.

However, we encountered some cases directly, and heard about others from parents, attorneys, and caseworkers, which raised concern about the extent to which ACS's protective services staff are prepared to do quality evaluations of safety and of service needs in families with cultural backgrounds different from their own. There were instances in which workers had difficulty distinguishing culturally sanctioned child-rearing practices from aberrant behavior, and this seemed particularly important in cases where the primary allegation was excessive corporal punishment. In some cases, involvement of community resources from the same cultural background as the client might have been of substantial assistance, but was not pursued. Families whose native

language is not English were particularly concerned about the adequacy of assessment and service planning when caseworkers had to arrange for a translator for each visit.

What is clear from all of this is that issues of cultural competence are a major challenge to New York's child welfare system. Given the remarkable diversity of the City, further systematic efforts on the part of ACS and its contract agencies to address these issues is extraordinarily important.

2. Understanding of Role and Mission

Role Definition - Caseworkers. We were struck by the absence of a common working understanding about the nature of a caseworker's responsibilities; the mission, values, and purposes that define her work; and the core outcomes for which she should be held accountable (other than the compliance issues noted above). In some foster care agencies workers speak of a commitment to work with birth families, while in others they appear primarily focused on attending to the needs of children and foster parents. In some programs workers largely make referrals, in others they spend a great deal of time accompanying and advocating for their clients, and in still others they do therapy. A shared notion of what a caseworker is trying to accomplish, and how, may not in itself be sufficient to bring about major change in the quality of front line practice in this system, but it is an essential step towards improving this system.

Role Definition – Supervisors. We observed a similar inconsistency in the understanding of the supervisor's core role and responsibilities. (No doubt virtually every organization has a written job description in a personnel manual; we mean something more than this.) We saw two constants, task supervision and crisis management. Supervisors spend much of their time ensuring that workers have done their visits, completed their paperwork, and the like, and they also do a good deal of work helping their staff handle difficult situations, often becoming involved with clients directly when cases "blow up." In some instances, these two aspects of the supervisor's job were described to us as constituting virtually the entire job. By contrast, the best supervisors, and the best programs we saw, work hard to ensure that the supervisor is spending time coaching, developing staff, and reinforcing the quality of decision-making.

We noted two relevant factors here. First, the knowledge and practice skills of supervisors themselves appear to vary widely. Some can model for a worker how to do a difficult task, either by practicing in the office or, for example, by actually accompanying a worker on a home visit. Some have strong clinical skills. Some are expert at identifying services and working with other systems to make those services available to clients. Others lack many or all of these skills. Since training for supervisors is so limited, it should not be surprising that individuals opt to spend their time doing what they are most comfortable with and best at.

Second, with a few exceptions there seem not to be formal standards for how supervisors are expected to do their work. In many settings, both in contract agencies and in ACS, front line workers describe a lack of formal, regularly scheduled supervision. Instead,

they are expected to catch supervisors on the fly, or they have supervision scheduled periodically but it is frequently cancelled when the supervisor or worker is handling a crisis. This practice may even seem desirable to both parties (a frequent answer to the question "How often do you receive supervision?" was "My supervisor has an open-door policy"), but it significantly diminishes the opportunity for systematic coaching and skill building.

In ACS, the supervisor's role is further complicated by the fact that s/he is often playing a clerical function as well. In most parts of the agency, the basic work unit of supervisor and caseworkers has no clerical support. As a result, supervisors generally cover phones for workers who are in the field, make sure that paperwork gets sent out to appropriate locations, and do other similar tasks. Given the extent of computerization now in place, we do not suggest that every unit necessarily needs its own full-time clerk, but it is clear that the current arrangement results in a loss of both time and status for supervisors.

Finally, but perhaps most important, we were also struck by what is *not* expected of supervisors. At ACS, and we believe in some contract agencies as well, supervisors are not held responsible for being champions of agency policy, of quality practice, or of substantive outcomes. Indeed, they have little direct contact with the senior leadership of the agency and no data other than compliance statistics that would help them evaluate their units' work. Under these circumstances, even the most committed supervisors might well confine their primary activities to managing tasks and ensuring compliance.

Absence of Data about Quality and Outcomes. ACS has taken impressive steps to gather and use information about the overall performance of contract agencies. As described above, it has also put in place important systems to monitor compliance, sometimes with detailed information about individual worker performance. However, we saw very little evidence of the systematic use of data to understand and evaluate front line and supervisory practice with regard to quality or outcomes. Neither workers, supervisors, or managers yet have available to them data about the proportion of cases in which they reach successful outcomes, the kinds of problems they do better or worse at resolving, or how their performance compares to that of others, to choose a few of many possible areas of inquiry. Even at the managerial level, we heard strikingly little reference to this kind of data when contract agency directors or ACS leaders talked abut the performance of their programs.

A significant opportunity for improvement is at hand in this area. ACS has required quality assurance efforts as part of its new contracts, and many agencies are either hiring staff for this work for the first time or strengthening existing departments. The risk, of course, is that they will focus these resources on improved measurement of work completion and compliance, rather than on indicators of effectiveness. Significant system-wide technical assistance on developing and learning from data about quality and outcomes could provide substantial benefits.

Need for More Vigorous Policy Communication. The past several years have been a time of intense policy change in child welfare nationally and in New York. The Adoption and

Safe Families Act required every jurisdiction to re-think the way it does business, and ACS has of course committed itself to a reform agenda that in many ways is reshaping New York's system. The most senior staff of ACS and of contract agencies understand and can describe the most important recent policy changes.

Unfortunately, at the line level this is very often not the case. ACS has made an enormous effort to institute 72-hour conferences, but the purpose of those conferences is not yet fully grasped or embraced by many of its staff and perhaps the majority of contract agency staff who must also play a critical role at them. ACS's protective services and placement workers cannot yet uniformly describe ACS's placement principles, nor do they routinely apply them in their practice. Many front line workers have minimal understanding of what ASFA demands and how New York is trying to meet those demands. These are but a few examples of areas in which the agency needs to make sure that its policy changes take root.

Every large organization has this problem; some deal with it more effectively than others. We are conscious of the efforts by ACS's leaders, and the leaders of contract agencies, to ensure that their line staff are informed of what is expected of them and why. We are, however, convinced that these policy communication strategies must be reinforced by more frequent direct, personal contact with workers and supervisors, in which the system's leaders explain and reinforce their policy vision and direction.

3. Systemic Constraints

Transmission of Information. There was near unanimity among the many people we interviewed about the difficulty of getting essential information about the children and families they are expected to care for. Foster parents, for example, say that they are told the age and gender of children coming into their homes, and sometimes basic information about a serious medical condition, but nothing else. Without information about the child's education, family, reason for placement, likes and dislikes, etc., it is of course very difficult for them to ease a child's adjustment to foster care. Foster care social workers report that they have to begin assessment of the family and child from scratch, without access to the information gathered by the protective services worker. Judges report that these foster care workers sometimes do not know, even long after a child enters placement, the real history of the abuse or neglect that made foster care necessary. ACS has begun to implement a common placement form, meant to accompany a child through each step of the placement process, that may begin to address these problems. Currently, however, each of these gaps in information creates real obstacles to appropriate placement decisions, good service planning, and the achievement of permanency.

As best we can tell, the child welfare system in New York does not rely on personal "handoffs" or case conferences when responsibility for a child and family is transferred from one worker to another. Instead, forms and records are expected to do the job. This is true not only when a case moves from ACS to contract agency responsibility, but even within ACS; workers in court ordered supervision units report that they must wait for the

arrival of a case record from the investigating worker, but rarely have the chance to speak to that worker directly to discuss the case. Paper transfers of this kind, of course, may be late, may be incomplete, and can never make individuals come alive or allow the receiving worker to ask the kinds of questions she needs answered. ACS's effort to institute family case conferences within 72 hours of the time a child enters foster care will help to address this problem, and we suspect that there are many other instances in which conferencing would have a substantial impact on the amount and quality of information available to those who work with children and families.

Isolation of Functions. We were struck by the extent to which protective, preventive, and foster care services operate separately from one another in New York City. This issue was the subject of two recommendations in the Panel's Advisory Report on Monitoring and Improving the Performance of Contract Agencies (October 14, 1999, pp. 15-20), and our experiences with front line staff and supervisors have strengthened our concerns. In virtually every preventive services program we visited, for example, workers experienced the absence of a continuing protective services role in high-risk cases as highly problematic. Children being discharged from foster care were not routinely referred to preventive services programs in their communities, nor were those programs consistently brought in prior to discharge when this would have been useful. Without further attention to building bridges between these components of the child welfare system, some children will be exposed to risk, some families that might have benefited from preventive services will instead have their children placed in foster care, and some families will have reunification delayed.

Confusion of Case Management Responsibilities. In several of our field visits we encountered cases in which no one knew which unit of ACS was in charge. This happened sometimes when there were children in care with multiple contract agencies, and sometimes when the case had to be transferred several times among different ACS units (for example, from the field office to OCACM when a child entered foster care, and from OCACM to a court ordered supervision unit when the child returned home but a court required continued monitoring). These cases were particularly likely to lack direction and clarity about service planning and movement towards permanency.

Co-Ordination with Other Services. Caseworkers report high levels of frustration in helping their clients deal with other public systems, with public assistance a particular source of concern. In preventive services programs, we repeatedly heard of cases in which clients lost benefits as a result of administrative problems that required long and often unsuccessful efforts at resolution. In foster care, the stories were of discharges delayed when children were returning to their parents but public assistance benefits could not be restored. Similar issues exist with regard to services such as housing, substance abuse treatment, and even day care, which is administered by ACS itself. In some cases supervisors and even program directors feel themselves as unable as their caseworkers to access systems or get them to respond.

These problems exist, to greater and lesser degrees, in all public child welfare systems. However, we were struck by the lack of a comprehensive and systemic response to them

in New York City. It appeared that no one in this system expects ACS to be able to play a role in resolving issues, either on a case-by-case basis (OCACM, for example, is not expected to assist contract agencies in working with other units of City government) or at the policy level. This is particularly noteworthy because ACS has demonstrated some success in this area, for example in the work it has done with the Board of Education to ensure access to school records for workers doing protective services investigations. That work might serve as a model for efforts to resolve other issues of service co-ordination that impede service delivery and the achievement of permanency.

4. Special Issues Related to Teens and to Congregate Care

Introduction. The child welfare system's difficulty in intervening positively and effectively in cases involving adolescents and their families was a recurring theme of the Panel's fieldwork. This problem is common in child welfare systems throughout the country, but we were struck by the seriousness of the concerns expressed in New York and how widely they are shared throughout the system. We heard and saw them in our interviews with ACS protective workers, placement workers, and OCACM staff; in our visits to congregate care sites operated both by ACS and by contract agencies; in our discussions with teens themselves; and in our observations in Family Court. In this section, we attempt to identify the critical issues New York City will need to address in order to build a more adequate system of services for adolescents and their families.

We begin, however, with a caveat. Issues involving teenagers almost always cut across public systems. Some of the teens who enter foster care do so because they have significant mental health problems, not because they need protection from abuse or neglect. Their parents find that they cannot get the help they need through the mental health system, and turn to ACS as a last resort. Others, despite the existence of "diversion" programs in the Family Court that point troubled families towards support services that could keep them intact, have been designated Persons in Need of Supervision (PINS). ACS needs the co-operation of these and other systems in order to develop the kind of front line practice that will best support adolescents and their families.

Resources for Adolescents and their Families. Taken as a whole, New York City's child welfare system too often acts as though (a) troubled teens need to go into foster care in order to receive services and (b) most such youth need to be placed not with families but in group care. These practices reflect assumptions about what is available for teens. In effect, this system provides teens and their families with those services it has historically made available, rather than seeking or developing services based on values and beliefs about what they need.

There are few preventive services resources that are specifically geared to the needs of teenagers and their families. Placement workers indicate that there are children they would like to place with families but for whom they are sure that no suitable family can be found. This assumption remains a strong one despite the fact that ACS has funded a significant expansion in the number of therapeutic foster boarding homes. Perhaps

because of the inflexible rate system, there is little understanding of, and almost no systemic capacity to deliver individualized services that could support teens in regular foster homes. Without this wider range of preventive and community resources, the system is left with a continuing struggle to place a large number of youngsters in expensive congregate beds.

Weak Engagement of Families and Lack of Attention to Permanency. We saw weak efforts to engage families in most of the congregate care settings we visited. Both in ACS and at contract agencies, staff too often focused on the treatment or management of youth in care, without adequate attention to their prospects for permanency. Even when children visited home regularly on weekends, staff often assumed that their parents or relatives, who in most instances had raised these children at home until they reached adolescence, could not be cultivated as discharge resources.

In many instances these programs are located on campuses outside of New York City. It is difficult for family members to visit, and it appears common for workers to be based entirely on the campus rather than spending regularly scheduled work time closer to the neighborhoods where these families live. (One program we visited was in the process of moving its casework staff to the Bronx to address this problem, and we expect that others will do so as well as a result of the neighborhood-based services RFP.)

Regardless of location, however, service plans were usually focused on managing the child's behavior and, in more sophisticated programs, providing treatment. They paid relatively little attention to the needs of the family, and there was little sense of urgency or expectation that families would re-claim responsibility for their children. Both parents and the youngsters in care had relatively little say in the case planning process.

Too many children had the goal of discharge to independent living, and in many instances we thought this was another way of saying that youngsters are expected to age out of the system. We saw appropriate efforts to develop independent living skills (job interviewing, household management, etc.), but too little attention to building connections with caring adults who would help the youngster upon discharge and throughout her adult life.

Lack of Program Structure. Those who are most knowledgeable about conditions in congregate care facilities – youth themselves, their law guardians, and ACS staff who have worked with children in multiple sites – report that significant deficiencies in safety, structure, and programming exist in some group care sites. Teens felt strongly about the need for unannounced visits to all congregate care sites, saying that the weakest programs sometimes take great pains to make conditions look good before ACS's annual site visit.

We saw some of these problems first-hand at the ACS-run group care facilities we visited. In these sites, programming is currently inadequate to assure the safety and healthy development of troubled adolescents. They allow children to be out without supervision after school and well into the evening, without consequences so long as they

return by curfew. Youngsters in care, and even staff members, reported a variety of dangerous situations resulting from this absence of program responsibility.

To ACS's credit, they have acknowledged problems with regard to their directly operated facilities, and closed one of these sites last year. ACS has succeeded in obtaining $8 million to upgrade staffing and over $10 million to improve the physical facilities in these programs. In order to make these changes have the desired effect, ACS will need to deepen its efforts by re-designing program services in its congregate care sites in a manner consistent with its neighborhood-based service framework. This work is essential in order to improve structure and supervision, better engage residents, and pay greater attention to permanency.

B. Underlying Issues

1. Staff Qualifications, Salary, and Turnover

Front Line Staff – Contract Agencies. In contract agencies, the people who work directly with families and children are predominantly young; unevenly prepared for this work by formal education (a Bachelor's degree in any subject is the most common qualification required for caseworker positions); and with limited experience in child welfare (or, in those instances where this is a first job after college, in any work setting). The median salaries for Bachelor's level caseworkers in the agencies responding to our survey are $25,004 for beginning workers and $28,771 for all workers, regardless of the number of years they have been on the job.[1] These salaries are strikingly low for a professional job in New York City. (By contrast, City teachers, who also begin their work with a Bachelor's degree, earn starting salaries of $31,910 or 28% more than the median for beginning caseworkers -- and much public attention has been focused on the difficulties created by the fact that teachers in nearby suburbs begin at salaries as much as $10,000 higher.)

The picture is different in some agencies. Of the 61 providers who answered our survey questions about staff educational levels, nine (15%) employee only MSW's for front line work. Nine others (15%) use MSW's for more than half of their casework positions. A total of 24 contract agencies reported that they have separate salary scales for MSW caseworkers. They had a median starting salary of $31,750 and average salary of $34,213 for MSW caseworkers.

Whatever their educational background, these workers are in general provided with little formal training, which is the subject of a separate section below. They must therefore rely on their supervisors for most of the instruction and guidance that will help them

[1] Throughout this report, we will refer to results from our survey in terms of the median response. In this instance, for example, half of the agencies responding said that they pay new Bachelor's level staff a salary in excess of $25,004, and half pay below that figure. We use the same format in reporting percentage results; thus, for example, the 33% "median annual turnover rate" for caseworkers means that half the agencies reported rates higher than 33% and half reported lower rates.

develop skills on the job to do quality child welfare work. Unfortunately, the median annual turnover rate for contract agency caseworkers in our survey is 33%. As a result, the problem of new workers having to learn the job from scratch continually replicates itself. Moreover, supervisors have to spend much of their time orienting these new staff members, and intervening in crises that they cannot yet handle alone; many families and children have the experience of multiple caseworkers; some important case activities are delayed; and decision are made without transmission of critical information on which they should be based.

Our survey also gathered data about more than 2,500 child care workers who provide supervision and care for children in contract agency congregate care facilities. These staff members generally have a high school diploma, with only 9.0% of workers in the median agency holding a Bachelor's degree. Median salaries for child care workers are $18,500 for new employees and $22,000 for all workers regardless of experience. Perhaps the best way to put these figures in perspective is to note that one agency director informed the Panel that the child care staff in his agency's RTC are earning less per hour than some of the youngsters they take care of make at their after-school jobs off campus.

The median reported turnover rate for child care staff is 24%. As best we can determine, many programs have a core of experienced child care staff with very little turnover, but have a good deal of difficulty in bringing on and retaining new staff. Twelve of the 30 agencies providing information about child care vacancies reported rates of 10% or higher.

Front Line Staff – ACS. Patterns in ACS are somewhat different, and vary tremendously across parts of the organization. ACS's impressive work to develop a new civil service title series has had two critical effects. First, staff members are significantly better compensated. The starting salary for a caseworker ("child welfare specialist") in ACS's direct foster care and congregate care operations is more than $29,000, and that of a protective services caseworker is more than $32,000. These workers are eligible for two increases within 18 months, bringing their salaries to $34,513 and $36,495 respectively. (It is widely reported, though we have seen no supporting data, that many caseworkers from contract agencies have moved to ACS as a result of this salary disparity.) Second, not all of the staff in the old caseworker title series qualified for these new positions. More than 400 individuals were transferred to other positions outside of child welfare work. This change is very likely to have enhanced the quality of the workforce as a whole. It also created a great deal of one-time turnover in 1999.

On the whole, then, the picture we have of ACS's front line staff is as follows. It tends to be somewhat older and more experienced than that in contract agencies. In protective services, there is a good deal of turnover, particularly as new workers enter the investigatory ("protective/diagnostic") units, find the work too intense, and either leave or transfer to other parts of ACS. In ACS's foster care operation, on the other hand, there is minimal turnover, and a core of staff who have been caseworkers for many years. The same appears to be true in the Placement office and the Office of Contract Agency Case

Management. New staff coming into ACS are now also provided with significant training at the Satterwhite Academy prior to beginning their work.

Supervisory Staff. Virtually all of the supervisors in contract agencies have MSW's or equivalent degrees, as do an estimated 50% of ACS's supervisors. In developing the new civil service title series, ACS included the requirement that new supervisors have 30 credits towards an MSW or related degree. ACS has developed a scholarship program that puts 200 caseworkers and supervisors through MSW programs each year. These important reform efforts are likely to significantly increase the proportion of the ACS supervisory workforce with relevant graduate training.

The median starting salary for supervisors reported by contract agencies responding to our survey is $37,424; the median average salary is $41,970. Starting salaries in ACS are $41,841 for the Supervisor I title and $50,369 or $53,454 for Supervisor II's, depending on whether they are assigned to child welfare or child protective positions. ACS reported average salaries for its supervisors as $43,451 in foster care and $48,206 in protective services. The median turnover rate is 12% in contract agencies and approximately 1% at ACS.

While these salaries may on their face be less startling than the figures for caseworkers and child care workers quoted above, we are nonetheless troubled by them. Supervisors carry the culture of an organization, champion its values, and teach new staff how to do the job. The prospect of earning $42,000 (or less than this amount in 50% of contract agencies) limits the appeal of supervising in the child welfare system as a long-term career option, and there is strong incentive for the most talented caseworkers in this system to seek their future job prospects elsewhere rather than becoming and remaining supervisors. (By contrast, school social work supervisors in New York City earn between $60,452 and $64, 299 per year.) Unless this system is able to make its best people supervisors and keep them, it simply may not be able to produce the quality of front line practice children and families need and deserve.

2. Caseloads and Span of Control

Caseload Sizes and Vacancy Rates. Our survey results show median caseload sizes in New York City contract agencies of 20 children in foster boarding home care and 15 families in preventive services. (Congregate care caseloads vary by type of program and nature of population, and we did not collect sufficiently detailed data to provide reliable information on them.) ACS reports caseloads of just over 18 children in its direct foster boarding home program, and just under 12 families in protective services. Without minimizing the strain these caseloads can create, particularly for less experienced workers, we think it fair to say that they are superior to those in many large urban child welfare systems.

Caseload demands can, however, be much greater than statistics such as these would suggest if agencies have high vacancy rates for caseload positions. When this occurs, workers typically have to help cover cases for extended periods, so they may be dealing

with significantly more children and families than their formally assigned caseload would suggest. The median vacancy rate for contract agency programs in our study (this information is not available for ACS in a form that provides useful data) is 5%, a figure we believe is low enough not to indicate a substantial impact of this kind. We note, however, that 12 of the 47 agencies providing data on vacancies report rates of 10% or higher.

Supervisory Span of Control and Vacancy Rates. The median span of control (number of caseworkers supervised by one supervisor) is reported as five for contract agency foster boarding home programs, four for contract agency preventive services, and between four and six in different units of ACS. Vacancy rates are reported as very low in contract agencies (the median agency is actually at 0%). At ACS, there are no reported supervisory vacancies in foster care, placement, or OCACM, but a large number (18% to 25%, depending on title) in protective services, as a result of the new title series and the resulting need to fill positions of supervisors who were transferred out. These spans of control, while challenging when a significant portion of the workforce is new and requires a great deal of supervisory attention, appear to us to be adequate.

3. Training

Because training differs so widely between ACS and contract agencies, we present this section in two parts.

a. Training at ACS

Introduction. When ACS was created, one of the first reform steps taken by its new leaders was to increase the commitment to training at the James Satterwhite Academy. They provided new protective services staff with a significantly longer period of pre-service training, and for the first time insisted that these new employees pass a test at the end of the training period to qualify for assignment to a unit. Over the past few years, ACS has gradually expanded this training commitment, developing curricula for its foster care and OCACM staff and instituting the first agency-wide training of supervisors. These are critical achievements. Now ACS is examining how it can revise its training to better emphasize skill-building, a subject on which we will comment further below.

Skills. The curriculum of the Satterwhite Academy is focused primarily on delivering information. Trainers introduce core child welfare concepts, such as definitions of abuse and neglect and a basic understanding of child development. They also spend a good deal of time delivering instruction on procedures, ranging from important forms and how to fill them out to timekeeping. Role-playing and other exercises do not play a central role in the curriculum.

What is largely lost in this process is the need for workers to build and strengthen the skills they will use every day on the job. It is one thing to learn about the important components of an assessment, for example, but another to be able to actually elicit the information needed to develop that assessment. Unless staff practice asking the

questions, guided by trainers who themselves have these skills, they are less likely to be able to put their new knowledge to much use. The same is true of many other skills.

In emphasizing skill-building, we do not mean to minimize the importance of teaching content. New workers need to know both how to interview a five year old child and enough about child development to understand what they can expect of that child. Rather, we hope to underscore our conviction that the best way to retain these critical concepts is by practicing their use in real-life situations. Initial training, especially of the length ACS has achieved, is a remarkable opportunity to help new workers begin to develop the complex skills of assessment, engagement and advocacy. ACS needs to maximize this opportunity.

Testing. Currently, ACS conducts pre and post-tests at the beginning and end of the CPS core training and the CPS Quality Investigative Practice training. ACS's decision to institute testing at these points was an important first step, but we believe that it does not go far enough. First, it is critical for testing to address skills as well as knowledge, or ACS risks allowing new staff members to pass their training even if they are unable to do the work. Second, testing ought to occur after each segment of the curriculum, to promote sustained attention to the material, evaluate mastery, and to make it possible to provide more nuanced information to supervisors about the strengths and weaknesses of their new staff.

Relationship to the Practice Setting. In our visits, we experienced a system in which too often training is divorced from the practice setting. Supervisors do not consistently reinforce the lessons learned in training and more seasoned workers are anxious to tell new ones "how things really work in the field." Conversely, trainers do not routinely incorporate the resources and experiences of talented supervisors to help design curricula and to teach and coach new workers during the training period. The result is a cultural and practice gap between "training" and "the field."

At a systemic level, ACS has done much to elevate the status of training by setting higher standards and providing more resources. There is, however, much work to do to bring training and operations closer together so that the value of training and the role of operations in training is understood, respected and incorporated by both sides. Currently, new workers do the vast majority of their learning in the classroom setting. This approach undermines the many opportunities to incorporate the practice setting and training. In a system that incorporated them, a new OCACM case manager might accompany a particularly talented worker to several service plan reviews, or an exemplary supervisor might teach some courses out at the Academy.

Values. The initial training period provides an important opportunity to introduce new workers to the values of the ACS leadership team and the role these workers need to play in transforming the agency. In our observation, ACS has not made full use of this potential. New workers are greeted by the leadership of the Academy, not by the most senior leaders of ACS or even the managers of their division. This practice foregoes an

important opportunity for building momentum and investment in the agency's values, principles and broader reform initiatives.

Where values are mentioned during training, we are gravely concerned that they are focused too exclusively on the importance of child safety. We have no doubt of the importance of continually reinforcing this value, especially for new protective services staff. Currently, however, there is too little attention paid to the other essential values of good child welfare practice, including, for example, permanency, child and family well-being, kinship, and neighborhood-based services. This is true even when ACS has publicly committed itself to those values. For example, last summer ACS issued thoughtful Permanency and Placement Principles. However, while ACS has begun to examine and revise its training to incorporate these principles, they have not yet been integrated throughout the curriculum. ACS therefore risks instilling in its staff an unduly narrow understanding of the work they are expected to do. More broadly, balancing competing goals (for example, choosing whether to place a particular child with a relative in another borough or with a stranger closer to home) is at the heart of child welfare practice, but has insufficient prominence in New York City's training efforts.

Another important set of values relates to basic standards of professional behavior. Beginning with the first day of training, workers need to know that they are expected to show up for work on time, dress appropriately, and be ready to learn, listen and participate in a respectful manner. We saw relatively little effort to insist on these standards for either new or experienced workers participating in training.

Supervisory Training. ACS has historically offered only sporadic training to supervisors. As we discussed earlier in our findings on supervisory practice, supervisors take up their roles as coach, staff developer and champion of agency policies and values with uneven regularity. This is a particular challenge in a civil service system, where workers who pass a test for promotion are not necessarily those with the strongest practice skills.

ACS has begun to address this with the implementation of the first supervisory and managerial training in its history. More than 1,900 supervisors and managers have completed this ten-week in-service training, which includes such topics as delegating, providing positive feedback, and evaluating staff. This is a very important first step. It needs to be expanded and enhanced, to include training that will help supervisors take up their multiple leadership roles, deepen their own child welfare knowledge, and coach staff on practice skills.

b. Training in Contract Agencies

Introduction. Unfortunately, ACS's laudable commitment to expand training for its own staff has not been matched by a similar effort to assure the development of skills among caseworkers in contract agencies, who serve 90% of the children in foster care and 80% of the families receiving preventive services. ACS does not set meaningful standards, monitor the training provided, or leverage sufficient financial resources to support training by contract agencies. Instead, the perception persists that because training costs

are "included in the rate" (that is, providers are allowed to spend some of the money in their City contracts on training), it need not be a focus of system-wide attention.

As a result, the extent and quality of training offered by these contract agencies varies widely. While some organizations have extraordinary training programs, we think it fair to say that a family or child coming into contact with this system cannot count on being assigned a caseworker who has received enough training to be properly prepared for the complex work she is expected to do.

Lack of Pre-Service Training. In virtually every agency, there is little or no formal pre-service training. Typically, agencies provide some kind of general orientation to their organization, its history, philosophy and mission within the first month a new worker is on the job. In rare instances, orientation is only offered quarterly. Each agency sets its own priorities for initial training. In some, the focus of initial training is on procedures (for example, how to fill out Uniform Case Records), rather than such broader issues as permanency planning or family engagement.

Many agencies have new employees participate in a "core" training offered by COFCCA under a State contract. The COFCCA core covers child welfare practice, casework process and case planning, human growth and development and separation and placement. Last year, COFCCA provided this initial training, which lasts for twelve days during the first six months of employment, to 268 workers from 39 agencies. (To put this figure in perspective, the numbers of staff and turnover rates reported by agencies responding to our survey suggest that well over 700 new caseworkers would be hired by contract agencies in a single year.)

There are several systemic barriers to providing pre-service training. The first is simply the pressure of covering caseloads. When a worker leaves, her cases may be temporarily assigned to the supervisor and other staff in the unit; a new employee has to relieve these overburdened staff as quickly as possible. Typically, this pressure is coupled with the fact that few agencies have the capacity to deliver training on demand. Except in large agencies, there are usually only a few new workers starting at any given time. Pre-service training is therefore often viewed as an impractical luxury, something desirable but not attainable.

Variation among Agencies. ACS includes in the Standards attached to its foster care and preventive services contracts a list of topics agencies are expected to cover in training. There is, however, no requirement for the amount of training caseworkers are to have, either at the beginning of employment or thereafter, nor does training play any significant role in ACS's monitoring of agency performance. In effect, therefore, each agency sets its own standard for training, tied to the resources it has available both for trainers and to free up staff time to attend training.

As noted above, in virtually every agency pre-service training is limited to orientation to agency policies and procedures, and new workers begin work without any formal training on child welfare knowledge and skills. Beyond this, training practices vary very widely.

Although we did not collect data to confirm this assumption, it is a widely held belief, and one shared by the Panel, that the quality and richness of training is substantially dependent on an agency's financial resources. Those providers with higher reimbursement rates, and those able to draw on endowment funds or fundraising, use them to provide substantially more training than other agencies. To highlight the extent of this variation, we outline below the training offered by three agencies.

Agency A has an extensive training infrastructure with an agency training department as well as partnerships with local universities and other non-profits. Annually, they prepare a formal training and staff development curriculum. Casework and child care staff receive mandatory, standardized core trainings. The agency uses a computerized database to track participation, and supervisors utilize this information in performance evaluations and staff promotions.

The casework core curriculum orients staff to the family-centered practice approach that has been adopted by the agency. Supervisors also attend this training. Similarly, child care staff receive core training and its successful completion is a prerequisite for passing probation at the agency. The agency also offers an extensive series of workshops. Topics include working cross-culturally, supporting client resiliency, re-engaging families of older adolescents and helping clients access public benefits. Many workshops incorporate multiple opportunities to utilize skills in the practice setting. In one workshop, the casework curriculum has a companion series for supervisors to strengthen their skills in supervising the model being taught to their caseworkers.

Agency B pieces together training from internal agency resources, COFCCA and a few offerings from other non-profits. There is limited capacity to deliver training internally. New workers attend the COFCCA core training. The agency tries to find community resources to provide more specialized training such as working with substance abusing parents. Special one or two-day long trainings supplement these offerings. Topics covered include cultural diversity and concurrent planning. There is a growing attempt to incorporate more skills-based work including filming interviews conducted by workers. There is one generic training offered for supervisors on team building.

Agency C has minimal infrastructure for training. This agency requires 28 hours of training annually but attendance at unit meetings and individual worker supervision can count for up to sixteen these training hours. Therefore, workers can receive as little as twelve hours in a formal training setting. There is minimal accountability for upholding the value of training. For example, successful completion of training is not tied to passing the probationary period; a new worker who does not complete fourteen hours of training in the first six months only receives a notice indicating the deficiency, with no consequences. Supervisory training is non-existent.

Lack of Training for Supervisors. There is very little training of supervisors among contract agencies, with only a handful addressing this need in any significant way. COFCCA has begun offering a course on Supervising for Competence, which focuses on building a supervisor's ability to be her staff's educator on child welfare. Last year, 51

supervisors participated. (Agencies responding to our survey reported that they employ a total of just under 500 supervisors.) This is a step, but only a small step, towards meeting the needs of supervisors in contract agencies.

This problem is of course doubly important because of the lack of initial training, and the unevenness of ongoing training, described above. In most contract agencies, a worker's ability to learn her job depends overwhelming on having a supervisor who can teach her how to do it. Under these circumstances, it is hard to overstate the critical importance of building strong supervisory skills, or the magnitude of the problem caused by the current under-attention to this issue.

4. Reimbursement of Contract Providers

ACS reimburses its contract foster care providers within a framework established by New York State. The State sets a maximum per-diem rate for each individual program; local districts, including New York City, are free to pay more than this rate, but do not receive additional State or Federal reimbursement for doing so. Preventive services providers are paid on a contract basis, with amounts set by ACS. The usual way to understand preventive services reimbursement is in terms of "cost per slot" – that is, a program's total contract divided by the number of families it is expected to serve at any one time.

Some variation in these reimbursement rates across providers is to be expected. In congregate care, differences may be explained by the nature and severity of the problems presented by the youngsters in care. In foster boarding home programs, rates are influenced by differences in program size, the numbers of children who have been classified as having special or exceptional needs, and other factors.

In New York, however, the extent to which reimbursement rates differ, for programs with identical contractual requirements and performance expectations, is quite remarkable. To illustrate, here are the reimbursement rates of the programs visited by the Panel during our field work.

The six foster boarding home programs we saw are paid as follows: $28.37/day; $21.49; $21.19; $19.96, $18.47; and $18.10. (The floor set by ACS is $17.00; five of the agencies responding to our survey reported being paid this amount, and three others were within one dollar of it.) In other words, of these six providers, the highest paid receives 57% more funding per day than the lowest paid.

The reimbursement provided to the six preventive services programs that we examined was: $8,674 per slot per year; $8,489; $7,289; $6,483; $5,434; and $5,100. The provider with the highest reimbursement is paid 70% more to serve a family than the agency with the lowest reimbursement. (In developing its new contracts, following the recent RFP's, ACS has attempted to narrow these gaps in preventive services funding dramatically; we will comment further on the implications of this in Recommendation 3.5.)

It should not be shocking that these differences have consequences. As noted in the findings section, we have not done a scientific study, and do not suggest that we can establish statistical correlations, but our clear impressions are as follows. Higher paid agencies are more likely to use MSW social workers for some or all of their front line positions. They pay better. Their supervisors are better paid and more experienced. They have more clinical expertise (for example, psychiatrists and psychologists who provide consultation and testing) available within the agency. They have more resource people (for example, housing and educational specialists) available to assist caseworkers and support families. They do much more extensive and sophisticated training, and they are better able to have their staff spare the time to attend this training. In short, our observations confirm what common sense suggests: there is every reason to associate higher reimbursement with the likelihood of a higher quality of front line practice.

IV. Improvement Goals, Recommendations for Action, and Timeframes

Introduction and General Observations. In section III of this report, we identified areas of front line and supervisory practice that are in need of substantial and sustained attention if New York City's child welfare system is to provide high quality services and produce beneficial outcomes for families and children. We also described the strengths and achievements on which this effort can be built. In this section, we turn our attention to the question of what ACS and its system partners can and should do to address these conditions. We recommend those actions that, in our view, are likely to provide tangible benefits within the next six months to one year; point the way to continued, longer term improvements; and are realistic.

We group our recommendations under four Improvement Goals, as follows.

#1	Strengthen the supervision available to front line workers by clarifying supervisory roles and responsibilities, enhancing supervisory skills, and elevating the status of supervisors.
#2	Strengthen the skills of front line workers and supervisors by providing them with training that is both more extensive and better designed to maximize impact on practice.
#3	Eliminate or alleviate those policy, procedure, and resource barriers that are most critically impeding good practice.
#4	Better meet minimum standards of professional practice in Family Court.

For each of these goals, we make several recommendations for specific actions to be taken by ACS, with suggested timeframes within which those actions should be completed. We also provide a discussion of the rationale for these recommendations.

Before we move on to these specifics, however, a word about the larger framework is in order. Our over-arching aim is to identify the ways in which New York City can best make an impact on the front lines, where workers deal with families and children every day. This unquestionably entails building the skills of caseworkers throughout the

system; as should be clear from much of the preceding section, we would argue that it also entails clarifying their values and the outcomes they are expected to achieve.

In developing our recommendations, we focused first on how to make it possible for relatively young and inexperienced workers to build and sustain the skills they need to do their jobs well. Our experience suggested two answers to this question – providing them with experienced, knowledgeable, well-trained supervisors to guide their development, and providing them with extensive, skills-based training to help them acquire rapidly the tools they need to do the job. These are the themes of Improvement Goals #1 and #2.

We also considered other actions that might have supplemented these efforts to strengthen supervision and training. We might, for example, have proposed that New York hire staff who have already achieved higher skill levels, because they have completed advanced degrees or have extensive experience in the field. Or we might have argued for an increase in the salaries paid to caseworkers, which we have already noted are woeful in many contract agencies, in the hope that this would help to build a higher-quality workforce. We would applaud these actions, and no doubt many others, but ultimately we concluded that they do not represent the best hope for making a prompt, substantial, and lasting difference in the quality of practice.

In improvement Goal #3, we turn to some of the systemic barriers that we believe impede good practice. These are issues that, even if workers were better supervised and better trained, would make it difficult for them to achieve the level of high quality practice we envision. This is a broad concept, and one might argue that all of the recommendations in the Panel's first three reports could fall under the same heading. Indeed, some of our recommendations relating to Improvement Goal #3 echo themes from these earlier reports. We try here, however, to identify those actions that we believe would have the most direct and substantial impact on front line practice.

Finally, the observations contained in the Special Report on Family Court led us to develop a fourth Improvement Goal, which can be found at the end of the Special Report.

Improvement Goal #1: Strengthen the supervision available to front line workers by clarifying supervisory roles and responsibilities, enhancing supervisory skills, and elevating the status of supervisors.

Recommendation 1.1: Emphasize and support the role of supervisors as policy champions, coaches, and teachers of staff.

- 1.1(a): ACS and contract agencies should, by June 15, 2000, revise job definitions, performance standards, and evaluation standards to place increased emphasis on these roles.
- 1.1(b): ACS should, by September 15, 2000, design and implement appropriate mechanisms to review and report on the implementation of these changes and their impact on supervisory practice.

Discussion. Caseworkers need the kind of supervision that reinforces agency values and policies, works together with formal training to help them build skills, and supports them in their professional and personal development. This supervision has to happen regularly, and it has to include review of all of the worker's cases, not just those in crisis. Recommendation 1.1 grows from the conviction that this kind of supervision will happen consistently in a large system only if two conditions are met. First, there must be clarity about these job responsibilities and about how supervisors will be held accountable for performing them. Second, there must be a sustained effort to reinforce this formal guidance so it has a real impact on the line.

While the details of supervisory responsibilities will of course differ between different organizations, or even across parts of ACS, we think there is real value in a system-wide conversation about what supervisors should do. That conversation will lead naturally to the other key issues we address under this Improvement Goal, including how to train and support supervisors so they are capable of carrying out these responsibilities (Recommendation 1.2), and how to elevate the authority and status of supervisors so the best people will be attracted to these positions (Recommendation 1.3). Accordingly, we strongly suggest that ACS carry out this Recommendation 1.1(a) by convening managers, supervisors, and line workers from many parts of the child welfare system to clearly define supervisory responsibilities and performance standards. These standards should in turn be the basis for evaluation of supervisory performance across the child welfare system, and should be linked to criteria for promotion, merit increases, and other incentives whenever possible.

In recommendation 1.1(b), we call on ACS to evaluate the practical impact of these efforts. Here we are suggesting not a large, one-time research project, but rather an ongoing effort, through existing quality improvement mechanisms, interviews with supervisors and workers, and the like, to evaluate the extent to which supervisory practice actually changes.

Recommendation 1.2: Enhance the skills of supervisors by providing them with extensive skills-based training, ongoing mentoring, and clinical consultation.

- 1.2(a): ACS should, by September 15, 2000, develop and begin implementation of a training curriculum for supervisors in both ACS and contract agencies, addressing both general supervisory skills and the special issues related to supervising casework staff.
- 1.2(b): ACS should, by October 15, 2000, demonstrate that supervisors, both in ACS and at contract agencies, have access to mentoring from individuals with outstanding supervisory skills and to consultation from individuals with clinical expertise.

Discussion. If New York City is to rely on supervisors as a primary force for improving the quality of front line practice, the supervisors in this system will have to be highly skilled individuals capable of guiding their staff in a wide range of activities. Recommendation 1.2 identifies the critical steps we believe ACS and contract agencies must take to strengthen these skills.

First, supervisors need training geared to their special status. The skills that earned a caseworker her promotion are not necessarily those she will rely on as she begins to teach new workers. New supervisors need help in developing a set of general management skills (time management, running unit meetings, and the like) and, in many instances, skills related to teaching and evaluating casework practice. As described in our findings section, efforts to train supervisors in New York have historically been weak. ACS has recently developed training that begins to address some of the needs of its own supervisors but leaves much work to be done, and training for supervisors in the majority of contract agencies remains minimal. Accordingly, Recommendation 1.2(a) calls for the development and implementation of a training curriculum for supervisors throughout the system. This recommendation should be understood in conjunction with Recommendation 2.1, which calls on ACS to fund and set standards for training in all of New York City's child welfare organizations.

Recommendation 1.2(b) is meant to ensure that the professional development of supervisors is an ongoing, developmental process. "Training" is not enough. Supervisors need to practice their skills on the job, not just in the classroom. Under the best of circumstances they are aided in doing so by the people to whom they report, who may themselves have many years of practice experience. Frequently, however, supervisors report to administrators who are faced with the demands of running a program or part of a larger organization, and who may be years away from the practice setting. We believe that their professional development will best be served if they have available mentors with outstanding supervisory skills.

In many instances, supervisors are not themselves expert or experienced clinicians. These supervisors need access to consultation when they have to help their staff with particularly difficult clinical issues. Some organizations are able to provide this expertise, but many others are not. Without it, we do not believe that supervisors are likely to develop the range of skills they need, even if they receive excellent classroom training.

These two elements, mentoring and clinical consultation, are closely related, and in many instances the same individuals may be able to provide them. Because of the diversity of this system, we think it would be unwise for the Panel to propose a single formula for these activities. Large organizations, for example, may approach them very differently from small ones. Accordingly, we recommend that ACS, working with its contract agency partners, take those actions needed to allow it to demonstrate that mentoring and clinical consultation are available in an appropriate form throughout the system.

> **Recommendation 1.3:** ACS should, by October 15, 2000, identify and substantially implement those changes in authority, compensation, and clerical or other supports needed to properly elevate the status of supervisors throughout the child welfare system.

Discussion. Recommendations 1.1 and 1.2 urge ACS to better define supervisors' responsibilities, and then to strengthen their ability to carry out those responsibilities through training, mentoring, and clinical consultation. Here we go a step further, and recommend that ACS take those steps that will go furthest towards making supervisory positions the kind of jobs outstanding people will want to take up and remain in for a significant period of time. (It should be noted that, in ACS, supervisory responsibilities are allocated differently in different units. In most units, a Supervisor I guides the day-to-day work of the unit. In protective services, however, the Supervisor II plays this role, and the Supervisor I position is akin to that of a senior caseworker. This recommendation is aimed at those who actually exercise supervisory authority, whatever their title.)

The first element of a desirable supervisory job, we believe, is a level of authority consistent with the supervisor's responsibilities, skills, and judgment. In ACS in particular, but also in some of the contract agencies we visited, this authority is frequently lacking. Supervisors have to turn to managers or program directors for approval of basic case decisions. Many ACS supervisors do not take part in hiring staff for their units. These issues are undoubtedly complicated by the fact that even Supervisor II's at ACS are bargaining unit employees, represented by the same union as caseworkers. Nevertheless, we believe that a careful review will identify an expanded range of issues where supervisory input is essential or where decision-making authority can be delegated to supervisors.

Second, we believe that it will be necessary to address the salaries of supervisors, particularly those in contract agencies. As noted above in the findings section, half of the agencies responding to our survey pay their average supervisor a salary below $42,000. Average salaries for supervisors at ACS, except in protective services, are not significantly higher. We believe that the child welfare system will derive very significant benefit from developing a compensation structure that reflects the real responsibilities of the supervisor's job and that encourages the strongest candidates to aspire to these positions.

We do not, in this regard, call for a simple across-the-board increase in salaries for supervisors. Rather, we encourage ACS and contract agencies to view this problem as an opportunity to reward those who are best able to carry out the full range of supervisory responsibilities we address in recommendation 1.1. ACS has already demonstrated the ability to act strategically in this regard by including a merit component to compensation increases in the new civil service title series it developed for its own staff. We urge ACS and contract agencies to work together to find ways to connect salary enhancements both to overall performance and to successful completion of the supervisory training we called for in Recommendation 1.2(a). Here we mean not only that supervisors should have attended particular training sessions, but that they should be able to demonstrate the skills needed to meet their job responsibilities, and that they should be fully engaged in the ongoing effort to upgrade those skills. This merit-based approach would send a strong message that all of the partners in New York's child welfare system expect performance from those to whom they entrust supervisory responsibilities, and that in turn they are prepared to reward that performance.

Finally, in ACS, we have noted that supervisors work essentially without benefit of clerical support. They spend a good deal of their time answering phones and dealing with clients directly, particularly in the protective services units, where caseworkers are generally out of the office. They also do all of their own monitoring and tracking of the many case activities their staff members are required to complete, hunt down case records for cases being transferred into the unit, and make sure paperwork leaving the unit gets to the right place. ACS has had considerable success in improving basic supplies, phones, and the like for both staff and supervisors, and addressing this gap in clerical support seems to us a logical continuation of this effort. The time supervisors spend in these tasks is time that could be much better used to review the quality of casework and to coach and develop staff.

Accordingly, we call for ACS to review these three areas, working in partnership with contract agencies whenever the issues do not relate solely to ACS's internal operations; to identify those changes in authority, compensation, and support that would be most effective in elevating the role of the supervisor; and to substantially implement these changes by October 15.

Improvement Goal #2: Strengthen the skills of front line workers and supervisors by providing them with training that is both more extensive and better designed to maximize impact on practice.

Recommendation 2.1: ACS should, working in consultation with its contract agency partners, assure adequate resources for, set meaningful standards for, and monitor training provided by contract agencies.

- 2.1(a): ACS should, by September 15, 2000, develop a plan identifying the nature of the training to be delivered; how and by whom it will be provided; the financial resources that will support it; and the steps needed to fully implement it by September, 2001.
- 2.1(b): ACS should, by November 1, 2000, pilot this effort by sponsoring training for a first group of contract agency staff.

Discussion. ACS has taken great strides to improve the training of New York's child protective workforce, but the large majority of foster care and preventive services workers, who are employed by contract agencies, have not yet seen the benefit of this enhanced commitment to training. In our findings, we discussed at some length the striking disparity that results. New staff at ACS receive intensive training at the Satterwhite Academy, and must complete that training before they start to do casework; staff at some contract agencies receive extensive, often sophisticated training, but do so only after they have begun their jobs; and staff at many other contract agencies receive training that is minimal at best and that is insufficient to prepare them for the complexity of this work. Similar differences exist with regard to advanced and supervisory training.

Recommendation 2.1(a) calls for a fundamental change in this state of affairs. There ought to be a single, system-wide expectation that workers receive the training they need, starting at the very beginning of their employment and continuing throughout their careers. Monitoring each agency's performance against these standards ought to be an important part of ACS's evaluation effort. And these expectations will only become realities when ACS, together with contract agencies, identifies the resources that will support expanded and enhanced training throughout the system.

We do not mean to suggest that ACS be the trainer for workers throughout the system, or to prescribe any particular organizational plan for achieving the level and quality of training we recommend. Different organizations may wish to meet basic training standards in different ways, and we hope and expect that some agencies will continue to offer training that goes well beyond the norm. We do, however, believe that some form of cooperative venture will be essential for small organizations, which cannot have the resources to mount a full-scale training initiative on their own. The COFCCA core training of the past few years, though modest in scope, may stand as a useful pilot for such an effort.

There is no question that additional resources will be required to make meaningful training on this scale a reality. While training costs are allowable within the reimbursement rate paid to each contract agency, it is painfully clear that those rates are in most instances not sufficient to assure the kind of ongoing professional development needed throughout this system. This is an area in which ACS must make a financial commitment to the larger system equal to that which it has put forth in the training of its own staff. We call on the Office of Children and Family Services to assist ACS in accessing additional Federal funds, through the Title IV-E training entitlement, as well as State and private resources, to support this effort.

Designing common standards and identifying how they can be met will be successful only if approached cooperatively. We strongly encourage ACS and contract agencies to come together to plan jointly for the training effort the City's child welfare system deserves.

That effort will be a considerable one, and planning it will take time. Our recommendation suggests September 2001, eighteen months from the time of this report, as a reasonable if ambitious goal for full implementation. We do not think, however, that workers, agencies, children, and families can afford to wait that long for a meaningful beginning to this work. Accordingly, in Recommendation 2.1(b), we call for the city and contract agencies to pilot an expanded training effort by agreeing upon a target group of contract agency staff, a curriculum, and a set of trainers, and beginning to train them no later than November 1, 2000. We strongly suspect that foundation support would be forthcoming for such a pilot project, particularly if it can be linked to securing ongoing public resources for the larger effort.

Recommendation 2.2: Maximize the impact of training by re-designing curriculum to increase the attention paid to the desired outcomes of child welfare

work, the relevant values, and the standards of personal and professional behavior needed; providing greater opportunity to learn and practice the skills needed in this work; expanding the use of competency testing throughout training; and building better connections between formal training and the ongoing practice environment.

- 2.2(a): ACS should, by July 15, 2000, issue a policy statement and plan: identifying the desired outcomes, values, and standards ACS wants to instill in workers; the ways in which it will re-design training curricula to accomplish these goals; and the steps needed to fully implement the re-design by March, 2001.
- 2.2(b): ACS should, by November 1, 2000, make significant progress towards implementing the plan defined in 2.2(a), above.

Discussion. Recommendation 2.2 is aimed primarily at bringing about a re-design of the curriculum at the Satterwhite Academy; as noted in the findings section, this is a process ACS has already begun to explore. We believe that the principles embodied in this recommendation will also be important in designing the kind of system-wide training we called for in Recommendation 2.1, above.

The best thinking we know of regarding training in child welfare suggests that, to be effective, it must include the following characteristics.

- It must consistently reinforce the values of the child welfare system, and the outcomes workers are expected to produce – including child safety, permanency, and child and family well-being.
- It must consistently reinforce high standards of personal responsibility and professional behavior.
- It must teach skills as well as convey information, and it must provide workers with a safe environment in which they can practice those skills.
- It must be led by trainers who themselves are able to model the skills they teach.
- It must be closely linked to the practice environment, so the messages workers receive from their trainers and their supervisors are consistent. Workers must practice on the job what they learn in the classroom.
- It must use ongoing competency testing to determine what essential knowledge workers have acquired, which critical skills they have mastered, and which need more reinforcement – not just a single pass/fail test at the end of a training program to determine fitness to begin work.

In Recommendation 2.2(a), we call upon ACS, again working with its contract agency partners, to take two steps. The first is to make a public commitment to a set of principles regarding training that we hope will be very similar to the one we have just provided. The second is to develop a plan describing how it will put those principles into place, through such steps as revising the training curriculum, teaching trainers how to teach skills, enhancing competency testing, and the like. The magnitude of the re-design process is such that we believe one year to be a reasonable but ambitious period of time

in which to accomplish it. In order to meet this goal, we believe that ACS will need to develop its policy statement and plan by mid-July, approximately four months from now.

We encourage ACS, in doing this work, to take the broadest possible view of its ongoing staff development needs. Its goal, the continuous professional development of each staff member, cannot be achieved through excellent training alone. It also requires supervision that builds on training and that identifies each individual worker's specific needs for training and skill development. Creating a place in ACS to house this responsibility, which is much broader than the effort to train new staff that is the focus of the Satterwhite Academy, would be a useful step.

Recommendation 2.2(b) calls for ACS to demonstrate to the public its commitment to these training improvements by making significant progress towards implementing the plan by November 2000.

Improvement Goal #3: Eliminate or alleviate those policy, procedure, and resource barriers that are most critically impeding good practice.

> **Recommendation 3.1:** ACS, together with contract agencies, should by September 15, 2000, develop measurements of quality and outcomes related to front line and supervisory practice, based on a common set of practice standards, and begin to incorporate these measures into personnel evaluations and incentive systems.

Discussion. This recommendation arises from our observation that managers, supervisors, and workers throughout the child welfare system generally lack data about both the quality of front line practice and the outcomes it produces. There are, of course, technical difficulties involved in defining quality, achieving consensus on desirable outcomes, and implementing information systems that provide data on performance. Nevertheless, we think it is essential for this work to move forward.

New York's child welfare leaders have recognized the importance of this kind of data in their thinking about the performance of contract agencies, and they have taken important and creative steps to address it. As described in the Panel's report on contract agency issues, ACS has developed a thoughtful, three-part evaluation system that looks at each agency's outcomes (timely reunification and adoption, prevention of re-entry, and independent living); quality of services; and compliance with such issues as UCR submissions and foster parent re-certifications. This is a model for how the system can think about the performance of workers and supervisors.

We believe that this kind of effort is essential. It is a basic management principle that people tend to produce what their performance is measured against. Right now, at the level of front line and supervisory practice, New York's child welfare system essentially measures only compliance. By virtue of this focus, it has become excellent at achieving compliance in some critical areas, though it still has considerable work to do in others.

Until it starts to measure the quality and outcomes of each individual worker's efforts, however, compliance is all it can hope for. It is not enough.

Such an effort will no doubt be an evolving one, whose sophistication ought to grow over time. In Recommendation 3.1, we call for ACS, together with contract agencies, to take the first steps. First, of course, they need to define what high quality and desirable outcomes mean in the work of each key group of staff and supervisors. This work will, we believe, have tremendous value in and of itself, even before performance measurement begins. Second, they need to identify those basic indicators for which data are already available or can readily be gathered, and begin to link these indicators to evaluation and incentive systems.

> **Recommendation 3.2:** ACS should, by September 15, 2000, establish procedures to ensure that case information is transferred between workers as thoroughly and promptly as possible. These procedures should require that all transfers of a case (whether between organizations, between different units within the same organization, or between workers within the same unit) involve substantive personal consultation between the old and new workers. ACS should develop standards describing when these contacts must take place in person; establishing clear agendas for these conferences; and encouraging the presence of supervisors, birth parents, and foster parents.

Discussion. "Lost information" and "starting over" were powerful themes throughout our field work. Judges complain that workers appear before them knowing little or nothing about the case, and explaining that it was transferred to them a month or two earlier. Parents of children in care, and youth themselves, complain that new workers ask for all the same information they've already provided. Contract agency workers and foster parents say that they receive cases from ACS knowing little more than the child's name, age, and gender.

We believe that the system's effort to raise the quality of front line practice will be severely compromised unless this issue is addressed. Child safety, efforts towards permanency, and the credibility of everyone involved are all at risk when critical information does not pass from one worker to the next. Better forms and technological advances are helpful, but they are not sufficient to solve this problem.

Accordingly, Recommendation 3.2 calls for a simple, though we believe far-reaching, response. ACS and contract agencies should work out procedures that ensure direct, substantive consultation every time a case or child is transferred, with set agendas. We believe that this discussion should happen face-to-face in the large majority of case transfers. The procedures should strongly encourage the presence and participation of birth parents and foster parents, as well as supervisors, whenever possible.

> **Recommendation 3.3:** ACS should, working in consultation with contract agencies and the courts, by September 15, 2000, change the policies and practices

guiding family-child visiting so visits are more frequent; are supervised only when necessary; and more often take place in a normalized environment.

Discussion. In the findings section, we discussed at some length a pattern of practice that results in family-child visits that are too limited in frequency, too often intrusively supervised, and too often take place in the artificial setting of an agency visiting room. We also identified what appears to be confusion and misunderstanding about why these practices exist, with agency workers, ACS, and judges often assuming that others are responsible for decisions about how visits should be arranged.

We believe that changing these arrangements will produce substantial and lasting benefits. For children who are expected to return home, there can be no such thing as under-investing in visiting, for a host of reasons. Frequent contact between parents and children in care is a predictor of successful reunification. Visiting provides an opportunity for caseworkers and parents to work together, before and after the visit, on parenting skills and strategies. In most instances, maintaining regular contact with parents and siblings lessens the trauma experienced by children who have been removed from their homes. Finally, frequent and flexible visiting arrangements convey the message that the parent is still responsible for the child and that the agency is working towards re-uniting the family. There are, of course, cases in which visiting must be curtailed or closely supervised because it puts a child at risk or increases rather than lessens trauma. These situations must be treated as exceptions, rather than the standard way of doing business.

In Recommendation 3.3, we call on ACS, together with contract agencies and the courts, to develop a new system-wide approach to visiting. We strongly encourage ACS to include parents, children in care, and foster parents as participants in the work groups that design this new approach. Doing this work well will mean addressing a host of issues, some related to policy and values and others to the pure logistics of getting children to frequent visits with minimum disruption to their education. We suggest that ACS also re-examine how it looks at visits in its evaluation of contract agencies, to ensure that providers that arrange and support frequent visits are distinguished from those that simply meet a minimum standard.

Recommendation 3.4: Improve outcomes for adolescents and their families by developing a new system-wide commitment to permanency for these children and an expectation of family responsibility; clarifying the role of congregate care and its place in ACS's effort to re-design services on a neighborhood basis; developing the additional preventive services, foster family, and community resources needed by this population; substantially improving programming and safety at the weakest congregate facilities; and strengthening oversight of all congregate care facilities.

- 3.4(a): ACS should, working together with contract agency partners, advocates, teens in the system, and parents, by August 15, 2000, develop and disseminate a set of principles governing how the child welfare system should work with adolescents and their families, including a

description of the desired role of congregate care in the service delivery system.

- 3.4(b): ACS should, by October 15, 2000, develop a plan identifying the additional preventive services and foster family resources, and the other community-based "wraparound" supports needed by teens and their families; how these services will be funded; and the steps needed to put them substantially in place by July 1, 2001.
- 3.4(c): ACS should, by July 15, 2000, identify those specific congregate sites, both directly-operated and run by contract agencies, with the most significant weaknesses, and demonstrate that it is implementing a plan to improve the safety, healthy development, treatment, and prospects for permanency for youth in these settings.
- 3.4(d): ACS should, by September 15, 2000, design and implement a system of enhanced oversight of all congregate care facilities, including unannounced visits by ACS staff.

Discussion. Based on the observations and discussions we detailed in the findings section, we believe that New York's child welfare system needs to fundamentally re-examine its approach to teenagers and their families. This evaluation should result in a system-wide re-commitment to permanency for teens. It should describe in detail the kinds of resources that will be made available to keep at-risk youth with their own families whenever possible. It should identify the strategies and resources that will be used to support foster families, so as many children as possible who must be placed can remain in a family setting. It should describe how ACS wants to use congregate care resources, and how these facilities fit into the larger framework of neighborhood-based services. It should commit everyone involved with teens to doing everything possible to promote and maintain their connections with stable, caring adults who will be there for them long after they have left foster care.

Recommendation 3.4(a), therefore, calls for ACS to develop a set of principles for services to adolescents and their families, comparable to the permanency and placement principles it developed and disseminated last year. The broadly inclusive process ACS used in that work is an excellent model, and we encourage full participation in development of these principles, with particular care to hear the voices of teens currently involved with the system and those who have recently left it. Representatives of other government agencies involved with teens, notably the courts, juvenile justice, and mental health systems, can also play a useful role in these discussions.

These principles will lay the groundwork for change, but they will not fully guide day-to-day practice in this system until appropriate resources are more widely available. Caseworkers need access to preventive services programs and mental health services that know and like troubled teenagers and their families. They need foster families willing to take such youngsters into their homes, and they need the flexible support services that will help these families deal with the problems teens can cause. ACS cannot, of course, solve all of these problems on its own. It can and should identify the critical services that will make the most difference for teens and their families; work together with other

government agencies when those services fall within their jurisdictions; and determine how it will obtain the resources for additional services within the child welfare system. We expect that ACS will be well on its way to addressing some of these issues as a result of the more general resource development plan the Panel recommended in its earlier report on Placement. In Recommendation 3.4(b), however, we call for a more detailed effort to identify and put in place the specific services needed for teens and their families.

The remaining components of Recommendation 3.4 address congregate care. In Recommendation 3.4(c), we call on ACS to demonstrate, within approximately three months, that it has identified those congregate facilities most in need of improvement and put in place plans to address their deficiencies. In Recommendation 3.4(d), we heed the suggestion of teens and call on ACS to implement a system to better oversee all congregate sites, including unannounced visits by ACS staff. It would be particularly useful for ACS to establish a unit capable of providing technical assistance to, as well as periodic inspection of, both contract and directly-operated facilities.

> **Recommendation 3.5:** ACS should, by October 15, develop a plan that will permit it to provide adequate resources to support high-quality practice by significantly enhancing the reimbursement paid to lower-rate providers. This plan should be capable of implementation by the beginning of the next fiscal year on July 1, 2001.

Discussion. ACS deserves a great deal of credit for two important actions aimed at remedying some of the most significant problems associated with the foster care reimbursement system. Several years ago it increased reimbursement for those providers with the very lowest rates in both foster boarding home and group care by creating a "floor" below which rates could not fall. Now ACS is implementing its "STAR" program to permit agencies with outstanding performance in achieving permanency to retain some of the funds they would otherwise have lost when children leave care more quickly.

These initiatives are excellent ones, but they do not fully address another fundamental problem. Put simply, we believe that (a) the wide variation in reimbursement rates among providers allows unacceptable gaps in the extent and quality of services available to equally valued families and children, and (b) some of the rates are so low as to severely jeopardize any possibility of achieving the quality of practice, and the kinds of results, this system should aspire to.

We noted in the findings section the wide variation in rates among providers we visited. All of these programs have identical contracts; serve similar populations of children and families who are equally valued by New York City's child welfare system; are expected to provide them with the same range of services; and are held to the same standards of performance. No doubt some agencies with low reimbursement rates do outstanding work and some with higher rates are weak providers, and surely an agency's reimbursement rate should not be permitted to excuse any failure in performance. These considerations, however, should not stand in the way of addressing a systemic problem.

Difficult as it may be, we think that ACS, with the help of the State Office of Children and Families, needs to assure the resources that will allow all families and children the opportunity to be served by providers that are equitably and adequately reimbursed.

We do not argue here that all rates should be identical; as noted in the findings section, there are good reasons for some variation. Rather, we have framed our recommendation to emphasize the importance of increasing reimbursement for the lowest-paid providers. We are particularly concerned that the goal of greater equity not be reached by a simple movement of all reimbursement rates towards the median. The recent experience in preventive services, where programs widely considered to be outstanding lost significant funding in the effort to equalize rates, is good reason for caution.

We have one further consideration in urging ACS to take on this task. It is not uncommon for agencies with the lowest rates to survive by being very large. There are economies of scale in foster care, and a highly centralized program with 1,800 children in foster boarding homes may be able to get by on a rate of $17.00 per day in a way that a program with 400 children in care could not. These economic realities create an impetus for size and centralization, which unfortunately stands in tension with much of what ACS is trying to accomplish programmatically. They make it difficult for community-based providers to survive, and also make it difficult for larger organizations to look and act like neighborhood-based providers in the areas they have been assigned to serve through ACS's recent RFP's. It is very much in the interest of good child welfare practice to achieve funding levels consistent with the valuable neighborhood-based service model to which ACS has committed itself.

Accordingly, Recommendation 3.5 calls upon ACS to develop a plan that will allow it to meet this goal. This is a complex fiscal and financial challenge. We believe that the plan can reasonably be developed by October, with the expectation that it will be implemented in the following fiscal year, which begins in July 2001.

Improvement Goal 4, along with Recommendations 4.1 and 4.2, can be found at the end of the Special Report on Family Court, beginning on page 50.

Special Report on Family Court

I. Introduction

As part of our effort to observe front line practice, Panel members, consultants, and staff have observed New York's Family Court in action in Queens, the Bronx, Manhattan, and Brooklyn. Our primary objective in undertaking this effort was to get a sense of the quality and timeliness of the work of ACS and contract agency social workers and attorneys. In the process, however, we developed a broader picture of the impact of Family Court itself on child welfare practice in New York. We thought this impact sufficiently important to warrant this special report, which presents a broad commentary on both ACS and family court practice in proceedings related to child protection and permanency.

Our direct observations encompassed about six full days of work, during which we saw several dozen hearings including fact-finding, dispositional, and extension of placement cases. In addition, we were able to meet with Administrative Judge Lauria; the supervising judges and all of the judges assigned to the "permanency" sections of the family courts in Queens and the Bronx; the Model Court and Family Treatment Court judges and their referees in Manhattan; and a referee in Brooklyn. We also met with two judges who sat in Family Court until recently; groups of Legal Aid attorneys who represent children as law guardians in Queens and the Bronx; and a city-wide group of Legal Services attorneys who serve as counsel to parents in these cases. This report is informed by the input of all of those persons.

We had the opportunity to witness well-conducted trials and well-prepared attorneys and caseworkers, and we met with a number of particularly dedicated judges and other individuals. Nevertheless, taken as a whole our observations point to conditions with profound impact on the prospects for children and families in New York's child welfare system, and on the likelihood for success of ACS's reform efforts. We believe the following to be reasonable generalizations about the performance of the Family Court as a whole; we comment on our very different experiences in the Model and Family Treatment Courts in a separate section below.

II. Major Observations

Pervasive delay. Though the pace seems fast and the atmosphere hurried, actual resolution of cases in the family courts proceeds very slowly. The courts are characterized by crowded dockets, long adjournments, and not enough attorneys to represent parents and children. With rare exceptions, hearings lack sufficient docket time for a true examination of the issues. A family that becomes the subject of an abuse or neglect proceeding in these courts can expect to return to court repeatedly and to remain involved in litigation for many months, and sometimes for years. A single fact-finding or dispositional hearing may require four to six separate dates and extend over six months or more. It is not uncommon for children to be in care for a full year, at which point an ASFA permanency hearing is required, without having had a disposition of the original

protective proceeding. (By contrast, in many other states it is routine for fact finding and disposition to be completed within sixty to ninety days after placement.)

There are structural reasons for these delays, notably an inadequate number of judicial officers and attorneys to represent the parties; primitive information systems; and inefficient work flow processes. But it also appears that there is little will to change a system that has been operating in this slow fashion for many years. Despite national attention to the tragedy of foster care drift, and despite the legislative intent of ASFA and New York's version of it, New York City's family courts continue to operate in a style characterized by multiple, routine "adjournments" of virtually every case. When a hearing must be continued to a future date, that date is almost always two to four months later. Even hearings which are anticipated to take one or more days to conclude are rarely scheduled on consecutive days, but rather handled piecemeal, in short hearings which are often several weeks or months apart.

In addition to the prevalence of adjournments, other common practices slow the progress of families' cases. Many judges personally set future court dates from the bench, by polling the attorneys assembled before them, a process that takes an enormous amount of time. There seem to be no protocols in place for presumably common occurrences such as the need to transport incarcerated parents to court, or how to search for families who leave the jurisdiction; much discussion and debate ensues over how to handle circumstances such as these, each time they occur.

Insufficient compliance with basic norms of professional behavior. Participants in the court process, almost to a person, report the following to be common, rather than extraordinary problems. Some caseworkers appear in court late; some are unprepared to testify; some are dressed inappropriately – and some do not appear at all, without providing prior notice. In still other instances, workers appear but are unable to provide essential information because they have just been assigned the case and have not yet familiarized themselves with it. Basic information is not transmitted from ACS to contract agencies, or from one contract agency to another when a child is transferred; as a result, a worker may appear in front of a judge not even knowing why the child was originally placed in care. It is common for court orders (for example, for specific services or evaluations to be provided) not to be carried out; neither the courts nor ACS appears to have a system for tracking this or for holding anyone responsible.

Vast amounts of time spent waiting. With the exception of a few judges, who schedule and hold to morning and afternoon calls or even call cases for specific times, the Family Court calendars all of its cases for 9:30 a.m. ACS and contract agency staff must appear in court in the morning and often wait all day, losing critical time they could be spending serving their clients. In some instances, agencies attempt to address this by using "legal caseworkers" or specially trained volunteers whose job is to appear in all of the agency's proceedings. This measure solves the efficiency problem, but of course means that the judge and the parties are presented with a witness who does not know the family or child first-hand.

Insensitivity to families. At the time of our observations, parents in the Queens Family Court were directed to stand behind a duct tape line on the floor behind the counsel table during hearings. We are pleased that this practice has been changed. However, there are many indications that the courts as a whole do not give sufficient attention to the needs of families. They too, of course, may wait all day for a case to be called. They wait in very crowded areas; if they are fortunate enough to have time for a brief consultation with an attorney before entering the courtroom, it takes place in these very public settings. While court insiders (attorneys, ACS staff, etc.) freely walk in and out of courtrooms and converse, even while hearings are in process, court officers strictly instruct parents on decorum (e.g. taking their hands out of their pockets).

Lack of adequate legal representation for parents. New York provides professional representation of the children involved in Family Court proceedings, backed by an extensive social work staff, through the Legal Aid Society or Lawyers for Children. By contrast, the very large majority of parents are represented by independent practitioners (the "18-B Panel") who work without institutional support. As is well known, these attorneys are inadequately compensated (they earn $40/hour for courtroom time and $25/hour for time out of court, which in practice means that they generally do not spend time out of court working on their clients' cases). Chief Justice Kaye's proposals to increase this fee to a uniform $75/hour have thus far been rejected. As a result, there are is a shortage of qualified attorneys willing to do this work in Family Court; in some boroughs, hearings have to be postponed because there is no attorney available for assignment.

Parents must appear at court in order to have an attorney assigned. (Thus, for example, a parent who does not appear the day after a child is removed, and therefore is not provided with an attorney, is unlikely to learn that she has a right to demand a hearing to review the removal.) When attorneys are assigned, the amount of time they can spend conferring with parents, researching records, etc., is minimal. Moreover, representation is not continuous; once a proceeding (for example, a neglect petition) is resolved, the parent loses the services of her attorney, and must start over with a new lawyer the next time she is in court.

Focus on parental behavior/guilt, rather than child's needs and best interests. As we observed it in New York City, the Family Court's emphasis is markedly skewed towards determining the guilt or innocence of parents, and the imposition of punishment for their acts, with far less consideration given to the broader well-being of their children. This focus is unusual for a juvenile court, where the approach is more often to make the child's status the paramount concern. Thus, for example, even in a fact-finding hearing we would usually expect the question "Did the parent leave the child at home alone?" to be considered only alongside such other questions as why she had done so, whether this had happened in the past, the child's age and capacity, the parent's reaction afterwards, etc. We heard much less discussion of this kind than we would have expected.

Similarly, the rehabilitation of parents, along with issues of visitation of children in care, were of course primary issues in discussions of removal and reunification. But these were

typically considered in terms of whether a parent deserved such a reward or punishment, *rather than whether removal, visits, or reunification were in children's best interests,* based on their safety and emotional health.

Insufficient attention to risk assessment as a guide to decision making. Best practice in child welfare suggests that professionals focus on the degree of risk a child faces now and in the future. This calculation then determines the intensity of intervention, including the need for removal or the appropriateness of reunification at a given time. Without this attention to the nuances of risk to children created by parental action or inaction, only the broadest responses are considered. In the cases we observed, the dialogue between judge and attorneys often illustrated this overly broad approach. First time incidents were given the same weight as if they were examples of chronic circumstances, regardless of severity, and gradations of risk due to children's differing ages (and vulnerabilities) were not noted. When the issue under consideration was reunification or case closure, the focus was typically "did the parents comply with services?" rather than "has the intervention succeeded in reducing risk to the child?"

Insufficient attention to critical legal dictates. New York's court practice does not appear to focus on the basic legal mandates governing child welfare. One can detect little concern, for example, about the massive changes that should be on the horizon in New York City as a result of ASFA. None of the judges or other court system participants commented on ASFA in their conversations with us, and when we asked about its impact, no one, in particular the judges, gave it much worry. ("It's an administrative thing," or "It will really impact only ACS's federal funding," were two of the judges' comments.) Cases of children who have been in care for many years are common, yet this was not a focus of concern. In some courts, very brief hearings to extend a child's placement in care were used as ASFA permanency hearings, a practice that is surely at odds with the intent of the Federal statute.

This problem has important practical consequences in the area of service provision. It was clear that families frequently experience long delays in being referred to needed services, and then in becoming engaged. There appears to be little pressure exerted by the courts to address this problem; in fact, the tacit acceptance of terribly long delays in concluding legal proceedings reinforces it. Without statutory requirements for the conclusion of fact-finding and dispositional hearings within reasonable timeframes, and in the absence of a strong values-based commitment to swift resolution of permanency questions for children, there is little urgency attached to parents obtaining swift supportive or rehabilitative services.

Another critical example of lack of attention to the legal mandates governing this work is how rarely this court system addresses the question of whether the child welfare system has made "reasonable efforts" to prevent the need for a child's placement in foster care. This is an absolutely basic requirement of both Federal and State statute, yet both our own observations and our discussions with those who work in the courts suggest that it is very rarely addressed in protective proceedings in New York.

Finally, we also noted the very muted response to last year's Federal court decision in Tenenbaum, involving the role of the courts in approving children's removal from parents. This decision, which could potentially have brought about massive changes in practice, was almost entirely absent from conversation; some judges were unfamiliar with it.

Judges see themselves as powerless victims of the system rather than as powerful change agents. In our discussions with judges in Queens and the Bronx, we were perhaps struck most of all by a sense of helplessness among those whom others regard as the most powerful actors in this system. These judges were nearly unanimous in their opinion that the system does not work, yet they feel powerless to change it. They understand that they are not ensuring justice for children and families, and that their courts' practices are woefully inadequate. Nevertheless, with a few exceptions, they are also nearly uniform in their lack of optimism about changing the system, and few spoke of any ongoing personal effort to make a difference.

Perhaps the most extreme example of this came in a discussion with one group of judges regarding hearings in protective proceedings. The judges had much to say about their frustration with ACS for cases in which it lacks adequate preparation or fails to present a solid evidentiary case of abuse or neglect. Yet they acknowledge that they do not hold ACS accountable by refusing to grant their petitions in these cases. They felt that they could not risk making a mistake and having a child die; spoke of the withering media attention to decisions which turn out badly; and cited the lack of Court of Appeals support for insistence upon solid legal evidence for removal, noting the doctrine of "safer course" that the higher court typically relies upon. When we suggested that it sounded as though the *weaker* the case ACS presented, the more likely it would be to prevail (because judges would be especially afraid that something bad was going on in a home when they couldn't get clear information), several judges nodded. Such practice lowers the standard of accountability to which ACS ought appropriately be held, and comes frighteningly close to abdicating the Court's basic responsibility to protect the rights of children and families.

Even in Manhattan's Model Court and Family Treatment Court, there is a sense that the solution to the lack of ACS accountability is to install enough support staff so that many social work activities can be conducted from within the courthouse. This may prove effective in producing better outcomes for those families fortunate enough to come under the jurisdiction of these courts, but one must question its utility as an approach to broader reform of the system.

III. The Manhattan Model Court and Family Treatment Court

These courts demonstrate that change in each of the above problem areas is indeed possible. Many would argue that their attributes of these courts are entirely due to reduced judicial caseloads, and there is no doubt that this factor, along with enlarged support staffs, makes an enormous difference. However, there is also a marked difference in the culture of the courtroom in these two divisions. This altered climate is

created primarily by personnel, including judges, who raise different questions and express different concerns than those which were central in the other courts we visited.

For example, it appeared typical for judges to inquire into each child's targeted date for permanency, whether via reunification, adoption or an alternative. A judge inquired into the arrangements for a family's therapy, out of concern that they not face geographical barriers once their child was reunified. In the case of a teen estranged from her mother due to sexual abuse by mother's boyfriend, the Judge asked for a date certain to attempt a trial reunification, lest the girl "drift into independent living" rather than resume a relationship with her mother.

In Family Treatment Court (FTC), the judge is the head cheerleader for parents in recovery, setting a tone of cautious celebration and hope as parents mark mileposts in the number of days of sobriety achieved. Others in the courtroom follow her lead, and applause is welcomed. In each progress report there is a strong emphasis on the achievement of a safe and stable family life for the addicted parent's children as the ultimate and very grave matter at stake.

These tone-setting behaviors by judges are not time-consuming, and they serve to model for all participants the fundamental reasons for system involvement with these families. Even without reduced caseloads and additional staff, one senses that these courts would operate quite differently from the others.

IV. Existing Reform Efforts

Judge Lauria and other court personnel have made us aware of a number of reform efforts that are either currently underway or are expected to begin in the near future. These include the following.

- The court has added several new referees, who primarily hear cases after the original protective proceedings have been adjudicated. As a result, judges' caseloads have begun to decrease.
- Judges have been instructed to appoint the same 18-B attorney at each stage of a case, rather than providing a parent with a new attorney for each proceeding, whenever possible. Moreover, these attorneys have been asked to be available for contact by parents even when there is no proceeding pending, and Judge Lauria reports a positive reaction to this request.
- The court has developed a special part for expedited hearings on abandoned children; has assigned a second judge to the Family Treatment Court; and is exploring the possibility of replicating the Manhattan Model Court in another borough. One judge in Brooklyn has begun to hold conferences very soon after selected cases are brought to court, in the hope of resolving them quickly and avoiding lengthy hearings.
- Judge Lauria is working on a plan, which he hopes to put in place this spring, to limit the number of adjournments in the fact-finding and dispositional phases of a case.
- Through a State grant, the court will soon begin to use alternative dispute resolution mechanisms, such as mediation, for some less serious protective proceedings.

V. Recommendations

We present our recommendations concerning court-related issues in two parts. The first identifies an additional Improvement Goal for ACS, along with those actions we believe ACS, together with the Court, should take in the immediate future. We then make additional recommendations addressed to the Court itself.

Improvement Goal #4: Better meet minimum standards of professional practice in the Family Court.

> **Recommendation 4.1**: ACS and the leadership of the Family Court should, by April 15, 2000, establish a high-level working group publicly committed to solving critical problems including those enumerated in Recommendation 4.2, below.

Discussion. High-level contacts between ACS and the court system, including breakfast meetings between Commissioner Scoppetta and judges, have taken place periodically over the past few years. ACS and the courts have not, however, committed themselves to ongoing, results-focused collaboration, with specific goals and timetables. We believe that this kind of effort is essential to solving the very basic, and very important, operational problems identified in this report, including those specific items we focus on in Recommendation 4.2. We think that it can also lay the groundwork for more far-reaching reforms, such as addressing judicial caseloads and ensuring proper legal representation of parents. This step can be taken almost immediately, and it also represents an important demonstration to the public of the commitment of both parties.

> **Recommendation 4.2.** Remedy critical problems in the interaction between ACS and the Family Court that impede good practice.
>
> - 4.2(a): ACS should, by September 15, 2000, have in place a system to ensure that both its own workers and those in contract agencies appear in court for hearings, on time, prepared, and appropriately dressed. This system should include feedback from the courts to ACS when these standards are not met and appropriate actions by ACS in response.
> - 4.2(b): ACS should, in cooperation with the Family Court, by September 15, 2000 develop and put in place a system to ensure that all court orders are properly recorded and disseminated to those who must implement them; that those orders are obeyed or, in the rare event that it is impossible to do so, responsible persons return to court to ask that they be modified; and that there is feedback from the court to ACS when these standards are not met and appropriate actions by ACS in response.
> - 4.2(c): ACS and the Family Court should, by October 15, 2000, have in place a mutually acceptable system for calendaring hearings that, at minimum, provides for cases to be scheduled for morning or afternoon times.

Discussion. The three actions identified in these recommendations would represent, in our view, a minimum set of accomplishments to demonstrate progress towards a court process that works for families and children. They hardly bear elaboration. We hope, as noted above, that the collaboration between ACS and the Courts that we call for here will lead to a far greater set of advances over time. The public can begin to judge the success of that collaboration, however, by its ability to produce these very basic changes in what we regard as a very reasonable, though expeditious, period of time.

Additional Recommendations to the Family Court

Here, we note those issues in the purview of the Court itself, along with those that require longer-term co-operation between ACS and the court system, that we believe to be of critical importance to the reform of New York's child welfare system.

⇒ The family courts must become vocal advocates for the addition of judicial officers, in order to begin to address the problem of overcrowded dockets. We include in this recommendation the creative use of referees or magistrates as hearing officers with broad responsibilities, an option that Administrative Judge Lauria has begun to pursue, as one key strategy.

⇒ The family courts should take the lead in public advocacy for adequate legal representation of parents and children. The current crisis in 18-B panel representation for parents is the obvious place to start. Compensation issues must be tackled, as it is the consensus of all that sufficient numbers of attorneys cannot be recruited without a fairer payment system.

⇒ The courts should, with the involvement of caseworkers, attorneys, parents, and children, identify and implement those actions needed to provide more respectful and comfortable service to its clients.

⇒ It is critical that the family courts engage in strategic planning around how to incorporate aspects of the Model and Family Treatment Court's practices, beginning with those that have no price tag and moving through a concerted plan to extend their costlier innovative approaches to incrementally larger numbers of New York City families.

⇒ Judges need solid pre-service and ongoing training in both child welfare law and best practice approaches in child protective services.

⇒ Family court staff, including judges, must explore and educate themselves about alternative dispute resolution and non-adversarial options to litigation, such as mediation and voluntary surrender by parents. A modest start would be to emulate the settlement conference approach in use in the Model Court in Manhattan.

⇒ The family courts must explore alternatives to the practice of having judges personally schedule upcoming hearings from the bench. Other courts have benefited from the use of trained clerks, with the help of automation, to manage this function.

⇒ Family courts should invite standard-setting around ASFA from the highest levels in the Court system, to clarify expectations of judges. They should then demand support for judges in applying the standards consistently.

We conclude this Special Report with a recommendation to the public. New York's Family Courts, which until a few years ago were closed in the interest of confidentiality, are now open to all. Nothing would be a more powerful impetus to reform than the regular presence in court of interested citizens intent on ensuring that ACS, contract agencies, and the Court itself demonstrate in their practice their commitment to New York's children and families.

Appendix A: Results of the Survey of Child Welfare Providers

Part I: Introduction

To help us prepare for this report, the Panel asked both ACS and contract agencies to complete a survey providing background information on such topics as staff qualifications, salaries, caseloads, and turnover rates. We received responses from ACS and from 61 contract agencies. Of the 61 contract agencies, 39 operate preventive service programs, 33 run foster boarding home programs, and 35 are congregate care providers. Table I(a) shows the number and percent of children and families in New York's child welfare system who are served by agencies responding to the survey. Table I(b) shows the breakdown of clients in the responding agencies by type of program. Table I(c) displays the size of the contract agency programs included in the responses.

Table I(a): Number and Proportion of Children and Families Served

	Number of children/ families served[2]	Number of children/ families in survey responses[3]	% of children in care represented in survey
Foster Care Children	35,001	30,038	85% of total children
ACS	5,124	5,124	100%
Contract Agencies	29,877	24,417	82%
Preventive Services Families	15,642	12,443	80% of total families
ACS	6,328	6,328	100%
Contract Agencies	9,314	6,125	66%

Table I(b): Breakdown of Responses by Type of Foster Care Program

	Total Children in Programs Responding	Foster Boarding Home	Congregate Care
Contract Agencies	24,417	20,041	4,376
ACS	5,124	4,903	221

[2] Total number in the child welfare on October 31, 1999, based on ACS's "Monthly Update" report.
[3] Current census of providers at the time they completed the survey. Since these dates vary, these figures should be taken as an approximation of their collective census at any one time.

Table I(c): Size of Programs Responding

Size of Program Contract Agencies	**Preventive Services**	**Foster Boarding Homes**	**Congregate Care**
N[4]	39	33	35
Median[5]	116 families	555 children	88 children
25th Percentile[6]	68 families	443 children	30 children
75th Percentile[7]	187 families	747 children	185 children

We asked for responses that provided information for all of an agency's child welfare programs together. In other words, we did not collect data separately for an agency's foster boarding home, congregate care, and preventive services. In some instances agencies did break down their data this way, and we have re-combined them to make them consistent with the format of other responses. ACS provided data by organizational unit. In order to present data about ACS as a whole, we have re-combined this information as well. We include among ACS casework staff and supervisors those individuals who work in units that provide direct services to clients (protective services, direct foster care, and direct congregate care), but not those in OCACM or placement. In Table I(d), we show the number of staff employed in casework and supervisory positions in agencies responding to the survey.

Table I(d): Scope of Survey Responses

Number of Staff	**Contract Agencies**	**ACS**
Caseworker	2,172	2,249
Child Care Worker	2,698	Data not provided
Supervisor	493	952

Part II: Survey Results

In the tables that follow, which are collectively labeled Table II, we review the findings on a set of key indicators included in the survey, showing results separately for ACS and for contract agencies. We have not included data for every question in the survey, because we have not yet aggregated information for a few of the questions, some had a relatively small number of responses, and others had confusing responses suggesting that not all agencies interpreted the questions in an identical manner.

[4] The number of valid responses.
[5] The midpoint of all responses; for example, half the foster boarding home programs had more than 555 children and half had fewer.
[6] The point at which 75% of responses were higher and 25% were lower; for example, 75% of agencies with preventive services programs had more than 68 families and 25% had fewer.
[7] The point at which 25% of responses were higher and 75% were lower; for example, 25% of congregate care programs had more than 185 children and 75% had fewer.

Table II(a): Compensation

Caseworkers	**BA Starting Salary**	**BA Average Salary**[8]	**Master's Level Starting Salary**	**Master's Level Average Salary**
Contract Agencies Median	$25,004	$28,771	$31,750	$34,213
25th Percentile	$24,500	$28,000	$30,375	$32,419
75th Percentile	$27,000	$29,793	$33,000	$35,586
ACS	$29,266	$33,501	Not Applicable	Not Applicable

Child Care Workers	**Starting Salary**	**Average Salary**
Contract Agencies Median	$18,500	$22,000
25th Percentile	$18,000	$20,077
75th Percentile	$20,929	$24,515
ACS	Data not provided	Data not provided

Supervisors	**Starting Salary**	**Average Salary**
Contract Agencies Median	$37,424	$41,970
25th Percentile	$35,000	$39,000
75th Percentile	$38,750	$44,755
ACS	$41,276	$46,618

Table II(b): Qualifications

Staff Qualifications	**% of Caseworkers with MSW's**	**% of Supervisors with MSW's**	**Child care workers with BA's**
Contract Agencies Median	24%	100%	9%
25th Percentile	7%	100%	3%
75th Percentile	50%	100%	16%
ACS	(estimated) 20%	(estimated) 50%	Data not provided

[8] Agencies that did not report separate salary scales for BA's and MSW's included all of their social workers, including some MSW's, in this category. These figures can therefore be expected to slightly overstate the average salary of BA workers.

Table II(c): Turnover and Vacancy Rates

Turnover Rate	Child care workers	Caseworkers	Supervisors
Contract Agencies Median	24%	33%	12%
25th Percentile	17%	21%	0%
75th Percentile	43%	48%	33%
ACS	Data not provided	6%	1%

Vacancy Rate	Child care workers	Caseworkers	Supervisors
Contract Agencies Median	6%	5%	0%
25th Percentile	2%	0%	0%
75th Percentile	15%	11%	8%
ACS[9]	Data not provided	2%	23%

Table II(d): Caseload Size and Supervisory Span of Control

Caseload Size	Foster Boarding Home	Congregate care	Preventive Services
Contract Agencies Median	20	13	15
25th Percentile	18	12	15
75th Percentile	22	16	15
ACS[10]	18	Data not provided	Data not provided

Supervisory Span[11]	Foster Boarding Home	Congregate care	Preventive Services
Median	5	4	4
25th Percentile	5	3	4
75th Percentile	5	5	5

[9] Virtually all of the vacancy rate for supervisors at ACS is in protective services.

[10] The average protective services caseload is 11.6. Caseloads in ACS's court-ordered supervision units average 13.2 families and in their Family Preservation Program the average is 2.3 families.

[11] For contract agencies only. ACS did not report data on the span of supervision for DFCS, congregate care or preventive service workers. The span of supervision for protective services is 4-5 caseworkers.

Table II(e): Foster Parents

Total Foster Parent Census and Status	All Foster Parents	Regular	Kinship	Therapeutic
N[12]	32	32	32	32
Total[13]	11,744	7,659	3,437	648
Active	9,747	6,133	3,107	473
Not in use	1,997	1,526	330	175
% not in use	17%	20%	10%	27%

Fiscal Year 1999 Net Gain/ Loss	New Foster Parents	Lost Foster Parents	Net Gain/ Loss
Foster Parents	2,405	2,664	-259

Agency Foster Parent Census	All Foster Parents	Regular	Kinship	Therapeutic
Median	329	198	112	0
25th Percentile	281	148	65	0
75th Percentile	425	242	143	30

Agency Foster Parent Status	Active	Not in Use	% Not in Use	Number MAPP Trained	% MAPP Trained
Median	296	42	15%	121	39%
25th Percentile	231	17	6%	21	11%
75th Percentile	353	93	24%	285	80%

Part III: Variation in Responses for Large Agencies

Of the 61 contract agencies responding to the survey, 22 were providing preventive services to more than 100 families and 24 had more than 500 children in care (foster boarding homes and congregate care combined). Without doing formal tests of statistical significance, we compared data for these subgroups of large organizations with the results reported above for all agencies responding to our survey. (Some agencies were "large" with regard to both foster care and preventive services.)

In most instances, differences in the median results for "large" providers were minuscule compared to those for all agencies. We did, however, observe the following differences.

[12] Excludes data from one agency reporting more than 1,000 homes not in use, which appeared unreliable.
[13] There were some inconsistencies in reporting (e.g. an agency may have reported more homes in a particular category in use than the total for that category, or the sum of regular, kinship, and therapeutic homes may not add to the agency's total homes. Accordingly, columns may not add to the total here, and these data should be taken only as suggestive.

Larger *preventive service* providers experience significantly more turnover in their supervisory ranks than do all preventive service providers. Large providers had a median rate of 22% while the median for all agencies was 12%. These agencies also had slightly higher vacancy rates (median of 7% caseworkers as opposed to 5% for all agencies, and 3% for supervisors compared to 0% in all agencies). Lastly, large preventive providers have slightly more MSW's on staff and a slightly more experienced workforce.

There were also several distinctions with regard to large *foster care* providers. These agencies have fewer MSW-level caseworkers, with a median of 15% MSW's, than do all organizations (the median for all providers is 24%). They have a higher supervisory vacancy rate (median 5%, as opposed to 0% for all 61 agencies). Their congregate care programs have higher median caseloads (16, as opposed to a median of 13 for all providers). Finally, fewer of their congregate care child care staff have Bachelor's degrees (median of 4%, in contrast to 9% of staff in all congregate care programs).

Special Child Welfare Advisory Panel
Survey of Child Welfare Providers

Agency Name: _____

Person Completing this Form: _____

Telephone Number: _____

Please provide as much of the following information as you can.

- If you don't have precise data but can make a reasonable estimate, please do so but note on the form that the data are estimated.
- If you can't answer a question without doing an unreasonable amount of work, just skip it.
- If a category is not applicable to your agency (for example, if you don't provide a particular level of care), please write "N/A" where appropriate.

Please return to Steve Cohen at the Special Child Welfare Advisory Panel, either

- by mail to 80 Broad Street, Suite 2410, New York, NY 10004 or
- by fax at (212) 509-2750 (phone 509-2718)

I. Number of Children and Families Served

Please indicate below the *current census* of children and families being served. ("Number of Families" refers in all instances to birth families.)

Program	Number of Children	Number of Families
Preventive Services		
Foster Boarding Homes (regular)		
Foster Boarding Homes (kinship)		
Foster Boarding Homes (therapeutic)		
Group Homes and Group Residences		
Residential Treatment Centers		

II. Reimbursement Rates

Please indicate below the rate at which you are currently reimbursed by New York City for each category of care. (For preventive services, provide the average cost per slot; for out-of-home care, the per diem board and care rate.)

Program	Reimbursement Rate
Preventive Services (regular)	
Preventive Services (FRP)	
Foster Boarding Homes *	
Therapeutic Foster Homes *	
Group Homes	
Group Residences	
Residential Treatment Centers	
Diagnostic Reception Centers	
Other: _____	

* administrative rate only, not including the foster parent pass-through

III. Staff Qualifications and Experience

Please indicate below the requested information about each level of staff.

	Child Care Workers	Caseworkers	Casework Supervisors
Required level of education to be hired for the job (please check appropriate box)	☐ High school diploma ☐ Associate degree ☐ Bachelor's degree	☐ Bachelor's degree (any subject) ☐ Bachelor's degree (social work or related field) ☐ MSW or related master's degree	☐ Bachelor's degree (any subject) ☐ Bachelor's degree (social work or related field) ☐ MSW or related master's degree
Required level of prior experience in similar work to be hired for the job	____ years	____ years	____ years
Number of staff currently in this category			
Number with bachelor's degree			
Number with MSW or equivalent degree			
Number with less than 2 years' experience			
Starting salary			
Average salary			

IV. Staff Turnover and Vacancies

If you do not have data available for the time periods shown, please provide the most recent information you have, and write down below the chart the time period it covers.

	Child Care Workers	Caseworkers	Casework Supervisors
(A) Total number of positions as of June 30, 1999			
(B) Number of staff who left in the period 7/1/98 – 6/30/99			
(B) divided by (A) = turnover rate for the year			
(C) Total number of positions, current			
(D) Total number of vacancies, current			
(D) divided by (C) = current vacancy rate			

V. Caseloads and Supervisory Span of Control

What is the average *current* caseload of a *full-time, regular* caseworker in each type of program? (We realize that this chart does not capture every possible type of program; please just provide the basic information for regular programs.) For each column, fill in only one box, reflecting the way you assign cases in that type of program.

	Foster Boarding Homes	Congregate Care	Preventive Services
We assign cases by children, and the average caseload is:			
We assign cases by birth families, and the average caseload is:			
We assign cases by children to a team consisting of _____, and the average caseload of a team is:			
We assign cases by birth families to a team consisting of _____, and the average caseload of a team is:			

The average number of workers supervised by a full-time supervisor is:

	Foster Boarding Homes	Congregate Care	Preventive Services
Caseworkers			
Other staff (please explain) _____			

VI. Staff Training

(1) Is there a written training plan for:

child care workers? ☐yes ☐no ☐N/A
caseworkers? ☐yes ☐no
casework supervisors? ☐yes ☐no

(If you have such plans, please attach a copy to this response if possible.)

(2) Is there a training department? ☐yes ☐no

If so, how many full-time equivalent staff members does it have? _____

If not, what is the primary means by which you conduct training?

_____

(3) How many days of training (not including regular supervision) are provided to each category of staff per year? (By "days," we mean seven-hour blocks of time. In other words, a worker who received 28 hours of training over the course of a year would be counted as getting four days, regardless of whether she actually went to training for four whole days, eight half days, or fourteen two-hour sessions.)

child care workers	___ days
caseworkers	___ days
casework supervisors	___ days

VII. Foster Parents

If you do not have data available for the time periods shown, please provide the most recent information you have, and write down below the chart the time period it covers.

	All Foster Families	Those Currently Active (i.e. at least one child in the home)
Number of Foster Families	_____ total _____ regular _____ kinship _____ therapeutic	_____ total _____ regular _____ kinship ___ ___ therapeutic
Number who have received MAPP training		
Number of new families recruited in the year 7/1/98 – 6/30/99		
Number of foster families lost during the year 7/1/98 – 6/30/99		
Number of foster families lost for each of the following reasons	_____ retired _____ adopted a child _____ no longer interested _____ moved _____ other*	

* if "other" is a significant number, please note below the most common "other" reasons

Appendix B – Table of Improvement Goals and Recommendations

Improvement Goal #1: Strengthen the supervision available to front line workers by clarifying supervisory roles and responsibilities, enhancing supervisory skills, and elevating the status of supervisors.

Recommendation 1.1: Emphasize and support the role of supervisors as policy champions, coaches, and teachers of staff.

- 1.1(a): ACS and contract agencies should, by June 15, 2000, revise job definitions, performance standards, and evaluation standards to place increased emphasis on these roles.
- 1.1(b): ACS should, by September 15, 2000, design and implement appropriate mechanisms to review and report on the implementation of these changes and their impact on supervisory practice.

Recommendation 1.2: Enhance the skills of supervisors by providing them with extensive skills-based training, ongoing mentoring, and clinical consultation.

- 1.2(a): ACS should, by September 15, 2000, develop and begin implementation of a training curriculum for supervisors in both ACS and contract agencies, addressing both general supervisory skills and the special issues related to supervising casework staff.
- 1.2(b): ACS should, by October 15, 2000, demonstrate that supervisors, both in ACS and at contract agencies, have access to mentoring from individuals with outstanding supervisory skills and to consultation from individuals with clinical expertise.

Recommendation 1.3: ACS should, by October 15, 2000, identify and substantially implement those changes in authority, compensation, and clerical or other supports needed to properly elevate the status of supervisors throughout the child welfare system.

Improvement Goal #2: Strengthen the skills of front line workers and supervisors by providing them with training that is both more extensive and better designed to maximize impact on practice.

Recommendation 2.1: ACS should, working in consultation with its contract agency partners, assure adequate resources for, set meaningful standards for, and monitor training provided by contract agencies.

- 2.1(a): ACS should, by September 15, 2000, develop a plan identifying the nature of the training to be delivered; how and by whom it will be provided; the financial resources that will support it; and the steps needed to fully implement it by September, 2001.

- 2.1(b): ACS should, by November 1, 2000, pilot this effort by sponsoring training for a first group of contract agency staff.

Recommendation 2.2: Maximize the impact of training by re-designing curriculum to increase the attention paid to the desired outcomes of child welfare work, the relevant values, and the standards of personal and professional behavior needed; providing greater opportunity to learn and practice the skills needed in this work; expanding the use of competency testing throughout training; and building better connections between formal training and the ongoing practice environment.

- 2.2(a): ACS should, by July 15, 2000, issue a policy statement and plan: identifying the desired outcomes, values, and standards ACS wants to instill in workers; the ways in which it will re-design training curricula to accomplish these goals; and the steps needed to fully implement the re-design by March, 2001.
- 2.2(b): ACS should, by November 1, 2000, make significant progress towards implementing the plan defined in 2.2(a), above.

Improvement Goal #3: Eliminate or alleviate those policy, procedure, and resource barriers that are most critically impeding good practice.

Recommendation 3.1: ACS, together with contract agencies, should by September 15, 2000, develop measurements of quality and outcomes related to front line and supervisory practice, based on a common set of practice standards, and begin to incorporate these measures into personnel evaluations and incentive systems.

Recommendation 3.2: ACS should, by September 15, 2000, establish procedures to ensure that case information is transferred between workers as thoroughly and promptly as possible. These procedures should require that all transfers of a case (whether between organizations, between different units within the same organization, or between workers within the same unit) involve substantive personal consultation between the old and new workers. ACS should develop standards describing when these contacts must take place in person; establishing clear agendas for these conferences; and encouraging the presence of supervisors, birth parents, and foster parents.

Recommendation 3.3: ACS should, working in consultation with contract agencies and the courts, by September 15, 2000, change the policies and practices guiding family-child visiting so visits are more frequent; are supervised only when necessary; and more often take place in a normalized environment.

Recommendation 3.4: Improve outcomes for adolescents and their families by developing a new system-wide commitment to permanency for these children and an expectation of family responsibility; clarifying the role of congregate care and

its place in ACS's effort to re-design services on a neighborhood basis; developing the additional preventive services, foster family, and community resources needed by this population; substantially improving programming and safety at the weakest congregate facilities; and strengthening oversight of all congregate care facilities.

- 3.4(a): ACS should, working together with contract agency partners, advocates, teens in the system, and parents, by August 15, 2000, develop and disseminate a set of principles governing how the child welfare system should work with adolescents and their families, including a description of the desired role of congregate care in the service delivery system.
- 3.4(b): ACS should, by October 15, 2000, develop a plan identifying the additional preventive services and foster family resources, and the other community-based "wraparound" supports needed by teens and their families; how these services will be funded; and the steps needed to put them substantially in place by July 1, 2001.
- 3.4(c): ACS should, by July 15, 2000, identify those specific congregate sites, both directly-operated and run by contract agencies, with the most significant weaknesses, and demonstrate that it is implementing a plan to improve the safety, healthy development, treatment, and prospects for permanency for youth in these settings.
- 3.4(d): ACS should, by September 15, 2000, design and implement a system of enhanced oversight of all congregate care facilities, including unannounced visits by ACS staff.

Recommendation 3.5: ACS should, by October 15, develop a plan that will permit it to provide adequate resources to support high-quality practice by significantly enhancing the reimbursement paid to lower-rate providers. This plan should be capable of implementation by the beginning of the next fiscal year on July 1, 2001.

Improvement Goal #4: Better meet minimum standards of professional practice in the Family Court.

Recommendation 4.1: ACS and the leadership of the Family Court should, by April 15, 2000, establish a high-level working group publicly committed to solving critical problems including those enumerated in Recommendation 4.2, below.

Recommendation 4.2. Remedy critical problems in the interaction between ACS and the Family Court that impede good practice.

- 4.2(a): ACS should, by September 15, 2000, have in place a system to ensure that both its own workers and those in contract agencies appear in court for hearings, on time, prepared, and appropriately dressed. This system should include feedback from the courts to ACS when these standards are not met and appropriate actions by ACS in response.

- 4.2(b): ACS should, in cooperation with the Family Court, by September 15, 2000 develop and put in place a system to ensure that all court orders are properly recorded and disseminated to those who must implement them; that those orders are obeyed or, in the rare event that it is impossible to do so, responsible persons return to court to ask that they be modified; and that there is feedback from the court to ACS when these standards are not met and appropriate actions by ACS in response.
- 4.2(c): ACS and the Family Court should, by October 15, 2000, have in place a mutually acceptable system for calendaring hearings that, at minimum, provides for cases to be scheduled for morning or afternoon times.